V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(42-0)
County allegany	Registration Dist. No.
	39 74 10
Village or City Tabelliang had	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME & va alramson	
	V
(a) Residence: No. 39 May (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	mar 8 1936
Jenace Jew married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22, I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Samuel Obramson	Jan 24 1936, to mar 8 1936
6. DATE OF BIRTH (month, day, and year) July 23 1871	Flast saw h. Q.V. alive on Mar 8 1936: death is said
7. AGE Years Months Deys II LESS than	to have occurred on the data stetad above, at /1.45 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
6 T	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	
kind of work dona, as SPINNER, House works SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL	Corone / Myteasally
9. Industry or business in which work was done, as SILK MILL, At Home	
10. Data deceased last worked at	
this occupation (month and 1932 spent in this occupation	
O, RI.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Orange (State or country)	
13. NAME Solomon Tobias	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Unleyour	23. If daath was dua to external causes (VIDLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country) / /	Whera did injury occur?
17 INFORMANT Samuel abramson,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 39 maple St- Frostong my	
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Placa Cumbbledank Date March 10, 1936	Nature of injury
S- 2-51-00	
19. UNDERTAKER (Address) Functional way	24. Was disease or injury in any way related to occupation of deceased?
3/10 1 0 8 10 1	If so, specify (Signed) M.D.
20. FILED 1956 9.11, ORCHES	
Registrar,	(Address) - A A TOULE MAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes Dife of onset of importance were as follows: Arteriosclerosis			Example II		
			The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephrit		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR % 1999	July 5,1927	Peritonitis	3 days ago	
	BUNCLU V. S				
Other contributory caus	es of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

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MARGIN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriasclerosis	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis	1921	Run over by street car	1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH WITHIN CORPO	WAS FINITE STORY
County Illeguny	By O Reg Registration Dist. No.
Village or City lossonherland (If	No. Lors to the Complete St., Ward death occurred in a hospital or institution, give its NAME instead of affect and number)
Length of residence in city or town where death occurredyrsmos.	ds. Mw of g in U.S. if of foreign birth?dsds.
2. FULL NAME MILE Glarence	albright 4
(a) Residence: No. 717 W. St. (Usual place of abode)	St., Wayo. Washington W. O. V
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 99, 1936 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Many Albright	22. I HEREBY CERTIFY, Thet I attended deceased from
1995	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end yeer) 2. 1875 7. AGE Years Months Days If LESS than	I last saw h alive on, 19; death is said to have occurred on the data stated ebove, at 17_ Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	west as follows: Date of onset
kind of work done, as SPINNER, Mynses	Je so
9. Industry or business in which	
work was done, as SILK MILL, BAW MILL, BANK, etc.	
10. Date deceased last worked at this cognitation (mouth end / 28 spent in this occupation	
D 1. Que by 7/4 10.11	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Inv. Jacus allaright	
14. BIRTHPLACE (city or town)	Nama of operation Deta of
(State of county)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME MANGARET Colled Gudoff	23. If death was dua to external causes (VIOLENCE) fill in elso tha following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Case I Ryan	Whara did injury occur?(Specify city or town, county and State)
17. INFORMANT/ 3170 fem arc. O. Cosh.	Specify whether Injury occurred in INDÚSTRY, in HOME, or In PUBLIC PLACE.
(Address) Washington D. C.	
Place Worshington D. C. Dat Askell 1 1936	Menner of injury
0.14.0	Nature of injury
19. UNDERTAKER AMO Stem me. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. Fy Just 29, 196 Jan Thrush MA	(Signed) The Blanking Corner
Registrar.	(Address) Charles MA
15 more viants are needed, address State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I

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 9.—The industry or business in which the work was done.
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Example II

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR	July 5,1927	Peritonitis	3 days ago	
BUREAU S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PERMANENT THIS back instructions carefully important. DEATH be plnoy OF

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT GRAPORATE LIMITS OF County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3_SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I ettended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, end year) to have occurred on the date stated above, at 4-10 4. 7. AGE If LESS then Years Months Days 1 day, ----- hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Oate of enset 8. Trade, profession, or particular 10/36 OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et 11. Total time (years) this occupation (month and 2 spent in this occupetion _ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPEACE (city or town) Nama of operation ____. (State or country) What test confirmed diagnosis?. ----- Was there an autopsy?_. MOTHER 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19 16. BIRTHPLACE (city or town)_ (State or country) Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOV Manner of Injury 11 ar 20 Neture of Injury____ 24. Was disease or injury in eny wey related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20, FILED Maz. 20

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WRITE

V. S. No.

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Example I	1	Example II		
The principal cause of death and related c of importance were as follows: Arleriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
	1921	Run over by street car	1 week ago	
Cerebral hemorrhage AFR & 40	July 5,1927	Peritonitis	3 days ago	
BUREAU Y	. 8.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE F	OR F	URTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	CERTIFICATE OF DEATH	2404
County Allegany	Registration Dist. No.	any
Village or City School and a	No. 514 Ballingon Res	Ward
Length of residence in city or town where death occurredyrs,mc		
2. FULL NAME auca Sak	cos	
(a) Residence: No. 314 Baltima	Case 5 Ward.	
(Usual place of abode)	If nonresident give city or town	n and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OF RACE 5. SINCLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	21. DATE OF DEATH Granch (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. Baker	22. I HEREBY CERTIFY, That I atte	nyled deceased from
6. DATE OF BIRTH (month, day, and year) NOC 13, 1870	I lest saw her elive on March 46, 19	3.6 death is said
7. AGE Years Months Days If LESS than 1 day,hrs ormin.	THE FRINCIPAL CAUSE OF DEATH and related ceuses of importance	
8 Trade profession or particular	were 30 follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	majorasdelis	1932
work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Bete deceased last worked at this occupation (month end year)		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country) 2 13. NAME 13. NAME 13. NAME	niphriles	1931
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation	
	What test confirmed diagnosis?	
E	23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury Date of injury	, 19
17. INFORMANT & E. Baker (Address) P. Carlon of Trad	Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	Stale) C PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECONE 1600 Concepte Trans. 7, 19.3.	Menner of Injury	
19. UNDERTAKER Jacin Stein Jug	24. Was disease or injury In eny way related to occupetion of deceased	1 200
20. FRanch 6, 1936 Jas Flrench M. Registrat.	(Signed) Ley Oculus and Address)	M. D.

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5	Example I	1 3	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 7 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	paritis AFR 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	1	(131)	U.
County alle	A Carel	Registration Dist. No.	7
n	y wary	minus // - to to	
Village or City	9 (11	death occurred in a hospital or institution, give its NAME instead of street and nur	nber)
Length of residence in city or town where	th occurred yrs mos	ds. How long In U.S. if of foreign birth?yrsmos.	
2. FULL NAME 6 h	abeth Bros	de	
(a) Residence: No 1548	Loc	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and St	ale
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
genale white	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March (Month) (Day)	93_(Ye
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	RI	22. I HEREBY CERTIFY. That I attended de	20000
(or) WIFE of	ge / stade	March 10 1936 10 march 1	19
6. DATE OF BIRTH (month, dey, and year)	un 18-1869	I lest saw h_ in_ elive on	death
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et 46 5m.	
66 6	22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
8. Trade, profession, or perticular		were as 1 0110 ws.	Date o
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	foreservele	8//	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	/	Curring industritial	
SAW MILL, BANK, etc	11. Total time (veers)	au striting	
this occupation (month and year)	11. Total time (yeers) spent in this occupation		
P	4.11	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	To		
H 13. NAME Wm. JU			
14. BIRTHPLACE (city or town)	0 0	Name of operation Date of	
14. BIRTHPLACE (city or town)(State or country)	Uneford	What test confirmed diegnosis? Cling. was there en eut	opsv?
15. MAIDEN NAME Mary	Johnson	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dete of injury	, 19
State or country)	Ja.	Where did injury occur?	
17. INFORMANT Leslie	Toude.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
(Address)	watting and		
18. BURIAL, CREMATION, OR PMOVAL	50 / 11/ 21	Manner of injury	
Place facilities	Date/11936	Nature of injury	
19. UNDERTAKER	ugal ,	24. Was disease or injury in any way related to occupation of deceased?	15
(Address)	thing mode	If so, specify	
20. FILED 13 19 56	1.10. Talke	(Signed)	5
. 1/	Registrar.	(Address)	-

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cau of importance were as follows:	1Ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 2 13	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE

AN



Registrar.

If more blanks are needed, address State Registrar, 241x N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) RTIFY. That I ettended deceased from to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance Oate of opent ----- Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in epy way related to occupation of deceased? (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
APR 7 1936			
Other contributory causes of importance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER S	STATEMENTS	BY PHYSICIA
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TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- (Da)
County Tillegary.	Registration Dist. No.
Village or City Cresalton	No. Cresattane te alse Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Trucky	<u> </u>
(a) Residence: No. Crenaftering	St Ward.
(Usual flace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
M. While OR BIVECED (write the world)	Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. //I HEREBY CERTIFY, That I attended deceased from
(ac) Wife of Elizabeth Barner	March 1 19 35 to Nacel 1 19 26
6. DATE OF BIRTH (month, day, and year) \$20.27, 1850	I last saw h _ alive on _ M
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
75 2.0 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
_ 8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Hadren. Dec 1975
andustry or business in which work was done, as SILK MILL.	
work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years)	
O 40. Oate deceased last worked at this occupation (month and 2 spent in this occupation coupation coupation	
Joan Joseph Grand Control of the Con	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (State or country)	A. T. S. J. S.
	alle Mung - unit
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Militare Was there en autopsy? !!!
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of injury, 19
A A A A	Where did injury occur?(Specify city or town, county and State)
17. INFORMANI (Address)	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL TEMATION, OF REMOVAL	Menner of injury
Poresaptoien M. M. Date Mar. 4, 1936.	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
3/21. 26 14/1/2011	(Signed) M.D.
20. FILED Registrar.	(Address) Combulate MA
If more blanks are model address Coase Projection	N. Clarke Comp. P. L

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

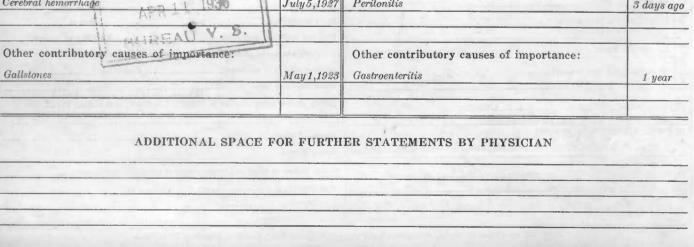
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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MINEAU V. S.			
Other contributory causes of importance:	1447	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	157:0
DOC County alegany	Registration Dist. No.
Village or City CAN TAN	No. St., Ward
TO transfer to the state of the	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
F V OC O C	O_ O_
Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. 2. FULL NAME (b) Company of the control of the c	da
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Female White Sing	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 J HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Sufant	Fel 28 ,1936, to may 27 ,1936
6. DATE OF BIRTH (month, day, and year) Fel 28 1936	Hast sawble alive on Mar 23, 1936; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 12.130 Am.
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Congenital Heart Vek
	O Declase 26
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	1930
11. Total time (years) spent in this occupation (month and yaar) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME 14. Total time (years) spent in this occupation 14. Last Chambers	
yaar) oesupation oesupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
E Seal &	Name of casestion
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME / chara margaret, Chalo	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Mana Margaret, Chafe 16. BIRTHPLACE (city or town) Lake that	Accident, suicide, or homicide? Date of injury, 19
S (Stata or country)	Where did injury occur?
17. INFORMANT Francis Chambers	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL 2	
Place Two grant ML Date 3/27 1936	Manner of injury
0 1 6 2 2	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or Injury in any way related to occupation of deceased?
3/2- 1 Drate	(Signed) JAM (Jack) M. D.
20. FILED 1930 Registrar.	(Address) - FAA- The AK SIII
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	MA	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AFR 3	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Let vice to the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-

	County		ALLEGA	ANY	WITHIN O	ORPORATE LIGHTS Registration Dist. No.	4
Village or City CUMBERIAND, MARYLAND						ND. MEMORIAL HOSPITAL St6	-/ Ward
	Length of re	esidence in c	ity or town where	daath occurred	() yrsmo:	f death occurred in a horpital or institution, give its NAME instead of street and s	number) nos. ds.
ı,	2. FULL N		ROBEI		EVELAND		
	(a) Reside		R.F.I	110	IT Y	St. Ward.	
promo	` '			(Usual place	of abode)	If nonresident give city or town and	d State
_				TICAL PART		MEDICAL CERTIFICATE OF DEATH	
3.	MALE		OR OR RACE		RRIED, WIDOWED, Covrite the word) TED	21. DATE OF DEATH MARCH 7, 1936 (Month) (Day)	., 193
5a.	If marriad, wide HUSBAND of	owed, or dive	orced				/
	(or) WIFE of	CL	ARA RIC	CE		22. I HEREBY CERTIFY. That i attanded	decaased from
6.	DATE OF BIRTH	I (month, da	y, and year)	May 20	1877	I last saw h.r. M. alive on March 7 19 36	2.; death is sald
		ears	Months	Days	If LESS than	to have occurred on the date stated above, at 7:20 nP. M.	
	58		10	17	1 day,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of gnset,
N	8. Trade, prot kind of	fassion, or p work done,	articular , as SPINNER, EPER, etc	TADMINI		1 A A A A A A A A A A A A A A A A A A A	Date of diset
ATI	SAWYE			TADILING		Intracodural Hemorriage	0///0
0		nazille22 li	n which			0	
JO S	work w	as done, as:	n which SILK MILL, atc				
hood	Work w SAW M 10. Date daces this occ	ras done, as: ILL, BANK, asad last wo supation (mo	SILK MILL, atc rked at	\$ \$ \$ \$ \$	lima (yaars) ent in this		
l occup	Work w SAW M 10. Date daces this occ	ras done, as: ILL, BANK, asad iast wo	SILK MILL, atc rked at	\$ \$ \$ \$ \$	tima (yaars) ent in this upation	Other Contributory Causes of importance:	
ולכחלים	Work w SAW M 10. Date daces this occ year) -	vas done, as ILL, BANK, asad fast wo cupation (mo	SILK MILL, atcrked at nth and	\$ \$ \$ \$ \$	nt in this	Other Contributory Causes of importance:	
	Work w SAW M 10. Date daces this occ year) _	vas done, as ILL, BANK, asad fast wo cupation (mo	SILK MILL, atcrked at unth and	YLAND	nt in this	Other Contributory Causes of importance: Leading Sharel	3/1/3
	Work w SAW M 10. Date daces this occ year) BIRTHPLACE ((Stata or co	as done, as: ILL, BANK, asad last wo cupation (mo city or town) untry)	SILK MILL, atcrked at onth and	YLAND	nt in this	Fractivel Skirl	3/1/3
	work w SAW M 10. Date dacet this occ year) BIRTHPLACE ((Stata or co	as done, as: ILL, BANK, asad last wo cupation (mo city or town) untry)	SILK MILL, atcrked at onth and	YLAND ELAND	nt in this	Name of operation. Name of operation. Name of operation.	3/1/3
FATHER	work w SAW M 10. Date dacet this occ year) BIRTHPLACE ((Stata or co	as done, as IILL, BANK, sead last wo supation (mo city or town) untry) CE (city or to country)	SILK MILL, atc	YLAND	nt in this	Name of operation A one of Date of What test confirmed diagnosis? Aud & Churs. Was there an	
HER FATHER	work w SAW M 10. Date dacet this occ year) _ BIRTHPLACE ((Stata or co 13. NAME 14. BIRTHPLAC (State 15. MAIDEN N	as done, as: IILL, BANK, ssad last wo cupation (mo city or town) untry) CE (city or to or country) AME	SILK MILL, atcrked at onth and	YLAND ELAND RMONT	nt in this	Name of operation Date of What test confirmed diagnosis? Aud Y Was there an 23. If death was due to axternal causes (VIOLENCE) fill in also tha following	
OTHER FATHER	Work w SAW M 10. Date dacet this occ year) - BIRTHPLACE ((Stata or co 13. NAME 14. BIRTHPLAC (State 15. MAIDEN N 16. BIRTHPLAC	as done, as: IILL, BANK, ssad last wo cupation (mo city or town) untry) CE (city or to or country) AME	SILK MILL, atc	YLAND ELAND RMONT	nt in this	Name of operation ONL Date of What test confirmed diagnosis? Auf Was there an 23. If death was due to external causes (VIOLENCE) fill in also tha following Accidant, suicide, or homicida? Accidant, suicide, or homicida? Whate did injury occur?	8: 47,1936
MOTHER FATHER	Work w SAW M 10. Date dacet this occ year) - BIRTHPLACE ((Stata or co 13. NAME 14. BIRTHPLAC (State 15. MAIDEN N 16. BIRTHPLAC	ras done, as: IILL, BANK, asad fast wo cupation (mo city or town) cuntry) CE (city or to or country) IAME CE (city or to or country)	CLEVE	YLAND ELAND RMONT nknown	nt in this	Name of operation. What test confirmed diagnosis? Aug. Was there an 23. If death was due to axternal causes (VIOLENCE) fill in also tha followin Accidant, suicide, or homicida?	g: 47, 19 3 &
MOTHER FATHER	Work w SAW M 10. Date dacet this occ year) _ BIRTHPLACE ((Stata or co 13. NAME 14. BIRTHPLAC (State 15. MAIDEN N 16. BIRTHPLAC (State of the color of the co	city or town) city or town) cupation (mo cup	CLEVE Own) VEF Own) VI ORTAL F BERLANT	YLAND ELAND RMONT NKNOWN TRGINIA	int in this upation	Name of operation. What test confirmed diagnosis? Accidant, suicide, or homicida? Whate did injury occur? Capacidant of the second of the	g: 47, 19 3 &
MOTHER FATHER	Work w SAW M 10. Date dacet this occ year) _ BIRTHPLACE ((Stata or co 13. NAME 14. BIRTHPLAC (State co 15. MAIDEN N 16. BIRTHPLAC (State co 16. BIRTHPLAC (State co 17. MAIDEN N 18. BIRTHPLAC (State co 18. BIRTHPLAC (St	city or town) city or town) city or town) cuntry) CE (city or to or country) AME CE (city or to or country) AME CI (CITY OF TO OR COUNTRY)	SILK MILL, atc	YLAND ELAND RMONT NKNOWN TRGINIA HOSPITAL O, MARYL	AND	Name of operation. What test confirmed diagnosis? A Church Was there an 23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Where did injury occur? Specify at y or town, county and State Sta	g: 47, 19 3 &
MOTHER FATHER	Work w SAW M 10. Date dacet this occ year) _ BIRTHPLACE ((Stata or co 13. NAME 14. BIRTHPLAC (State co 15. MAIDEN N 16. BIRTHPLAC (State co 16. BIRTHPLAC (State co 17. MAIDEN N 18. BIRTHPLAC (State co 18. BIRTHPLAC (St	city or town) city or town country) AME CE (city or to country) AME CU M ATIDN, DR I L P L	CLEVE OWN) VEF OWN) VI ORIAL F BERLANI REMDVAL esant	YLAND ELAND RMONT NKNOWN TRGINIA HOSPITAL O, MARYL	int in this upation	Name of operation	g: 47, ₁₉ 3 & ACE.
MOTHER FATHER	Work w SAW M 10. Date dacet this occ year) BIRTHPLACE ((Stata or co 13. NAME 14. BIRTHPLAC (State of the state of the sta	city or town) city or town) city or town) cuntry) CE (city or to or country) AME CU M ATIDN, DR I	CLEVE OWN) VEF OWN) VI ORIAL F BERLANI REMDVAL esant John C.	YLAND ELAND RMONT NKNOWN TRGINIA HOSPITAL O, MARYL	AND	Name of operation. What test confirmed diagnosis? Was there an 23. If death was due to external causes (VIOLENCE) fill in also the followin Accidant, suicide, or homicida? Whare did injury occur? Whare did injury occurred in INDUSTRY, in HOME, or in PUBLIC PL Manner of injury Nature of injury Nature of injury 24. Was diseasa or injury in any way related to occupation of daceased?	g: 47, 19 3 &
MOTHER FATHER	work w SAW M 10. Date dacet this occ year) BIRTHPLACE ((State or co 13. NAME 14. BIRTHPLAC (State of co 15. MAIDEN N 16. BIRTHPLAC (State of co INFORMANT (Addrass) BURIAL, CREMA Place M	city or town) city or town) city or town) cuntry) CE (city or to or country) AME CE (city or to or country) MEM CUM ATIDN, DR 1	CLEVE OWN) VEF OWN) VI ORIAL F BERLANI REMDVAL esant John C Cumbe	YLAND ELAND RMONT NKNOWN TRGINIA HOSPITAL MARYL Date Mary Wolford	AND	Name of operation	g: 47, ₁₉ 3 & ACE.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial rephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago BUREAU Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mfor- state	STATE OF MARYLAND—	CERTIFICATE OF DEATH
· ,	1. PLACE OF DEATH	107-a × 2410
should of OCC	lan la.	Registration Dist. No.
shon of o	Village or City Clershe	No. St., Wa death occurred in a horpital or institution, give its NAME instead of street and number?
	Length of residence in city or town where death occurredyrs,mos	des. How long in U.S. if of foreign birth?yrsmos
CORD. Every PHYSICIANS ct statement	2. FULL NAME Kennith Clines	linst
D. SIC	(a) Residence: No.	St. Ward.
H H H	(Usual place of abode)	If nonresident give city or town and State
RECC PF Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OF, RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
E	OR DIVORCED (write the word)	manh 20 193 6
T.L. T.L.	5a. If married widowed, or divorced	(Month) (Day) (Year)
BINDING FERMANEN EXACT y classified te.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
G XX G	R.1 11 .0 . 1	, 19, 19, 19
BJ PEJ I E	7. AGE Years Months Oays If LESS than	I last saw h aliva on, 19; death is so to have occurred on the data stated above, at
FOR BI IS A PE stated E properly certificate	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
F. S. I.S. st. pr. pr. cer	8. Trada, profession, or particular	were as follows: Oate of one
HIS be be of of	NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	h
SERVI NK-T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL BANK etc.	Brownsoformeumoura.
	10. Data deceased last worked at 11. Total time (years)	,
RES VG I AGE that ons o	this occupation (month and spent in this occupation	
Z	12. BIRTHPLACE (city or town) llerslie 0	Other Contributory Causes of Importance:
ARGIN JNFADI pplied. terms, so instruct	(State or country)	
	13. NAME A SUMMER STATE OF THE	
M. H. H. Su. su. in dispersion di	14. BIRTHPLACE (city or town)	Name of operation Oata of
		What test confirmed diagnosis? Was there an autopsy?
	I frequent campias	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
InLY, be can EATH import	16. BIRTHPLACE(Kity or town) State or country)	Accident, suicide, or homicide? Date of injury, 19
4 -	17. INFORMANT Lorsen Clinedinsh	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17.2	(Address) Ellerelie	
	18. BURIAL, CREMATION OR REMOVAL	Manner of injury
-WRITE mation s	Place surs un a Date / 77, 1936	Nature of injury
-WRI matio CAU	19. UNDERTAKER Tanaly ,	24. Was disease or injury in any way related to occupation of deceased?
S. No. 1	3-21-31-1-PO 10-001	(Signad) B. M. Schidler M
ž ž U	20. FILEO 2 , 19 PATTO LONG MEGISTRA.	(Address) Leave &
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago.
		9	Lung E
1 ADD 7 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BUREAU V. S.	May 1,1923	Gastroenteritis	1 year
	5		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

SCORD. Every item of infor-PHYSICIANS should state Exact statement A PERMANENT R stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. UNFADING INK-THIS IS MARGIN RESERVED AGE should be OF DEATH in plain terms, so that it may be mation should be carefully supplied. very important. -WRITE PLA

V. S. No. 1 B

STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CORPORATE LIMITS (37)
County ALLEGANY COUNTY	Registration Dist. No.
Village or City CUMBERIAND, MARYLAND	MEMORTAL HOSPITAL
(1)	death occurred in a hospital or institution, give its NAMF instead of street and number
Length of residence in city or town where death occurredyrs,mos	. 14 ds. How long in U.S. if of foreign birth?yrsmosds.
	NR - 45
(a) Residence: No. MOOREFIEID, W. VA. (Usual place of abode)	St.,Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED MARRIED	21. DATE OF DEATH MARCH 27, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of BERTHA MAY MOREHEAD	22. I HEREBY GERTIFY, That I attended deceased from
	2-12- 106, to 3-27-, 1936
6. DATE OF BIRTH (month, day, and year) AUG . 8 / 8 23	I last saw h_1 M elive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8:15 R. M.
OG 0 /9 ormin.	The PRINCIPAL CAUSE OF DEATH and replied causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, TAICTNEER	Bencon lykerbrokly of Rooder Date of oncet
SAWYER, BOOKKEEPER, etc.	Hud Monor was a little of the
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	Chr. Hyclonical rules - 1-1/1/1/20
this occupation (month and spent in this	The state of the s
year) occupation	Other Contributary Canoes of importance:
12. BIRTHPLACE (city or town) MA RYLAND (State or country)	
13. NAME CONNOR. GEORGE W.	
	0000
14. BIRTHPLACE (city or town) (State or country) W V A	Name of operation
# 15. MAIDEN NAME AMANDA SOWERS	What test confirmed diagnosis? Was there an europsy?
	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) MARYLAND (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MEMORIA L. HOSPITA L. (Address) CUMBERLAND, MARYTAND	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Thomas brut 24 Date Mar 30 19	Manner of injury
(1 alt ()	Nature of Injury
19. UNDERTAKE COLOR COMO	24. Was disease of injury in any way related to occupation of deceased?
(Address) to ful and and	If so, specify
20 Melarch 301936 and Junch ml	(Signed) NO. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis DECENTION	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage ADD 7 1986	July 5,1927	Peritonitis	3 days ago		
BURFAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:	100		
Gallstones	May 1,1923	Gastroenteritis	1 year		



PHYSICIANS should state

Exact statement of OCCUPA-

4 51 445	SIAIL	JF MAR	YLAND-	-CERTIFICATE OF DEATH
1. PLACE O	Alleg	any	ontains o	(3) × Dr24/2
County	<i>A</i> 1	4	City I imit	Registration Dist. No.
	City Cumbe			No. St., W If death occurred in a hospital or institution, give its NAME instead of street and number)
	A T			osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NA	AIME.	.Cronin.		If U. S. Veteran, specify WAR
(a) Reside		(Usual place		St., Ward If nonresident give city or town and State
	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Female	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, Pi(write the word)	21. DATE OF DEATH Mar. First 1936 (Month) (Day) (Year)
5a. If married, wido HUSBAND of (or) WIFE of	Daniel.Cr	onin		22. I HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH	(month, day, and year)	Jan.	16.1866	I last saw har aliva on Feb 79 ,19 %; death is
	Months 70	Days 13	If LESS than I day,hrs. ormin.	THE TRINCIPAL CAUSE OF BEATH and related causes of importance
8. Trade, profe	ession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc	Нс	use wife	Date of on
2 Industry or	business in which as done, as SILK MILL, ILL, BANK, etc			Cerum Herry 15
- 11113 000	sad last worked at upation (month and	spe	ima (years) ntin this Jpation	(Jarolen) 1936
12. BIRTHPLACE (c) (State or con		Pa		Other Contributory Causes of importance:
	John.Re	vnolda.		- Consect rapping ge
14. BIRTHPLAC	CE (city or town)	T	'a	Name of operation
1	474 75 4	onal.		What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLAC	CE (city or town)	Pa	***********	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT (Address)	R.B.Mathe Cumberl			Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA	TION, OR REMOVAL Se Hill	Date Mar	. 3.1936	Manner of injury
19. UNDERTAKER(Address)	John.	.Wolfor	d	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FREGUE	2 2 196 Ja	S. Alle	Registrar.	(Signed) Land N
	If more	e blanks are needed, a		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis ADD IT 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

mition should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(80)
County Allany	+ in Corporal Registration Dist. No. 6
Village or City Mestern for - nos	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME & lella Juvine 1	repusalt U. S. Veteran, specify WAR
(a) Residence: No. R. F. D. Mastern for (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) The married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Ofin Crowl	22. 3 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Aug 27 19 06	I last saw h alive on 3-17, 1934; daath is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Immorria Coles Club 38-26
work was dona, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Yestemport (State or country) md	Other Contributory Causes of Importance:
13. NAME Burloudges Trenum	
13. NAME Burbulg Jenum 14. BIRTHPLACE (city or town) Palamorel (State or country) Linguis	Name of operation
15. MAIDEN NAME Martha &. Mª Manus	23. If death was due to external causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Martha & . Manua 16. BIRTHPLACE (city or town) Section for the stampent (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT & amer Jaenum (Address) Westernfort, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of hell Compley Data Mars Jd , 19.3.6	Nature of injury
19. UNDERTAKER D. S. J. J. M. d. (Address)	24. Was disease or injury in any way related to occupation of deceasad?
20. FILED MARCLE TO, 1926. Registrar.	(Signed) Adus W, See Man W. D. (Address) Facture Wha M. D.
If more blanks are needed, address State Registrar	2427 N Charlet Street Reltimore Persecting 7) S No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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/ Example I	1	Example II	****
The principal cause of death and related causes of importance were as follows:	9	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 4 1936	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year
,	9		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.— See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Village or City. Cumberland, Md. No. Memorial Hospital St. Ward. Length of residence in city or town where death occurred	1. PLACE OF DEATH	SATE LIMITS 1942 20
Company Comp	County Allegany	Registration Dist. No.
Length of residence in city or town where death occurred yr. mos. 10 ds. How long in U.S. if of foreign birth? yrs. mos. ds. 2. FULL NAME JAMES CUNNINGHAM (a) Residence: No. SWANTON Md. (businated a body) PERSONAL AND STATISTICAL PARTICULARS 3. SEX (a) COLOR OR RACE SINCLE, MARRIED, WIDOVED. SEX White Since Properties of Divorced (mint be word) Married (ro) Wife of Agnes Balley, 6. DATE OF BIRTH (month, day, and year) Jan. 6, 1880. 7. AGE Years Months 7. AGE Years Months 1 It LESS than 1 day, from min. 1 It as aw h. in Married causes of importance were as follows: 1 It as aw h. in Married causes of importance where as allows: 22. Married profession, or particular services in which work used one as SIK MILL. C.	Village or City Cumberland, Md.	
2. FULL NAME JAMES Cunningham (a) Residence: No. SWARTON Md. (b) (Unsafetice of shock) PERSONAL AND STATISTICAL PARTICULARS 1. SEX (a) CLOR OR RACE (White) S. SINCLE, MARRIED, WIDOWED (MUTT)	Langth of residence in city or town when dust and	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. SWanton Md. (Usualpace of shocks) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR RACE S. SINGLE, MARKED, WIDOVED, OR DIVORCDO, Convict the word) Married. White Or Divorced (white or		syrsmosds.
Clausipates of shocks Married wind and stated above at 12.0 Date of DEATH		// X
PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male (COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR IVORCED ON DIVORCED ON DIVORCED ON STATISTICAL PARTICULARS Satisfaction of Particular Marcial (Month) 5. If married, widowed, or diverced (World or diverced HUSSAND of Or) Will of Agnes Bed ley, 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than Iday, mercial of the control of the said to have occurred on the data stated above, at .12.05 m.P. M. 2. Trade, protestor, or particular Mind of work dong as SPINNER, SAWTHE, BOOKKEEPER, etc. 3. SEX Male Of World on Say SPINNER, SAWTHE, BOOKKEEPER, etc. 3. SEX Marcial Control of the data stated above, at .12.05 m.P. M. 4. STORE BOOKKEEPER, etc. 4. Say Male Mill, Ball, etc. 5. SAW MILL, BANK, etc. 5. SAW MILL, BANK, etc. 5. SINCLE, MARRIED, WIDOWED, Order of DEATH 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 1 lat saw M. LIW silve on. Mids. 17 3 19 2 lat saw M. LIW silve on. Mids. 17 3 19 3 lat saw M. LIW silve on. Mids. 17 3 19 4 lat saw M. LIW silve on. Mids. 17 3 19 2 lat saw M. LIW silve on. Mids. 17 3 19 2 lat saw M. LIW silve on. Mids. 17 3 19 2 lat saw M. LIW silve on. Mids. 17 3 19 2 lat saw M. LIW silve on. Mids. 17 3 19 2 lat saw M. LIW silve on. Mids. 17 3 19 2 lat saw M. LIW silve on. Mids. 17 3 19 2 lat saw M. LIW silve on. Mids. 17 3 19		
1. SEX Nale 4. COLOR OR RACE Not 10 OR DEVORED (which the word) Married (Month) (Day) (Year) 5.5. If married, widowed, or divorced (cr) wife or Agnes Balley, 6. DATE OF BIRTH (month, day, and year) Jan. 6, 1880. 7. AGE Years Months Days If LESS than I day		
Married widowed, or divorced (Month) (Day) (Year) HUSSAND or Or Or WIFE of Agnes Bailey, 5. LI married widowed, or divorced (Worth) (Month) (Day) (Year) HUSSAND or Or Or WIFE of Agnes Bailey, 6. DATE OF BIRTH (month, day, and year) Jan. 6, 1880. 7. AGE Years Months Days It LESS than to have occurred on the data stated above, at 1.2 (D5.m.P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 7. AGE Years Months Days It LESS than to have occurred on the data stated above, at 1.2 (D5.m.P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. AWITH, BONKEET REP, etc. 9. Trada, profession, or particular winds or min. 9. Trada, profession, or particular winds and the companies in which to work done, as SPINNER, I above or min. 9. Trada to work done, as SPINNER, I above or min. 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country) West Virginia 13. NAME William Cunningham 14. BIRTHPLACE (city or town) (State or country) West Virginia 15. MAIDEN NAME Elizabeth Davis, (State or country) West Virginia 15. MAIDEN NAME Plizabeth Davis, (State or country) West Virginia 17. INFORMANT Specific (city or town) (State or country) West Virginia Name of oparation Musers with the society of town, country and State) Name of oparation Musers with the same of injury Near of injury 19. UNDERTAKER ALL ALL ALL ALL ALL ALL ALL ALL ALL AL		
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6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days ITLESS than 1 day,	(or) WIFE of Agnes Bailey,	
7. ACE 7. Separation 7. ACE 7. Trade, profession, or particular in day,	C DATE OF PIRTY (13 tuling
Trade, profession, or particular or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Trade, profession, or particular were as follows: SAWYER, BOOKKEPER, etc. S-industry or business in which work was done, as SILK MILL, C.		
Were as follows: Sample Control Control	56 56 2 // I day,hrs.	
SAWTER, BONKEPER, etc. SAWTER	101	were as follows:
Definition of the profit was done as SILK MILL C.	kind of work done, as SPINNER, Laborer	a small, recipiental obrasion, esurging
SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town) (State or country) West Virginia 13. NAME William Cunningham 14. BIRTHPLACE (city or town) (State or country) West Virginia What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Elizabeth Davis, (State or country) West Virginia What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury in any way related to occupation of daceased? If so, specify (Signed) M. D. (Address) M. D. (Address) M. D. (Signed) M. D. (Address) M. D.	Andustry or husiness in which	Cellulius of Right rank
this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) West Virginia 13. NAME William Cunningham 14. BIRTHPLACE (city or town) (State or country) West Virginia What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury West Virginia What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where add injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of inju	SAW MILL, BANK, etc. MILL, C. C. C. Camp	and forgam
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13. NAME William Cunningham Name of operation West virginia Wast or country West virginia Name of operation Wast virginia Name of operation Wast or country Wast virginia Name of operation Wast virginia Wast here an autopsy? Wast died in jury occur? Specify city or town, county and State) Where did injury occur? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Was disease or injury in any way related to occupation of daceased? If so, specify Wast died injury Wast of in		Other Cartellators Course of importance
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What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Elizabeth Davis, 16. BIRTHPLACE (city or town) (State or country) West Virginia 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. SIEDELLA S. 1826 (Address) What test confirmed diagnosis? Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of daceased? If so, specify (Signed) M. D. Registrar. (Address) M. D.		Cu sea
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Elizabeth Davis, 16. BIRTHPLACE (city or town) (State or country) West Virginia 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. SIEDELLA S. 1826 (Address) What test confirmed diagnosis? Was there an autopsy? 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of daceased? If so, specify (Signed) M. D. Registrar. (Address) M. D.	3. NAME William Cunningham	, ,
15. MAIDEN NAME Elizabeth Davis 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. SIEBMALL S, 1036 20. SIEBMALL S, 1036 21. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of daceased? (Signed) M. D. Registrar. (Address) M. D. (Address) M. D.	14. BIRTHPLACE (city or town) West Virginia	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place	# 15. MAIDEN NAME Elizabeth Davis.	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION OR REMOVAL Place	I S DIDTUDI ACE (situ on Assure)	
17. INFORMANT	(State or country) West Virginia	
(Address) 18. BURIAL, CREMATION OR REMOVAL Place Place Place Bull Auture of injury Nature of injury 24. Was disease or injury in any way related to occupation of daceased? (Address) Oakling (Signed) Hull Registrar. (Address) Manner of injury Nature of injury Nature of injury (Signed) Manner of injury Nature of injury		(Specify city or town, county and State)
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Place	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
19. UNDERTAKER CHAPTER BOCKLE 24. Was disease or injury in any way related to occupation of deceased? (Address) Oakker III of Signed Signed Signed M. D. (Signed) Hully he Reynolds M. D. Registrar. (Address) 12 2 8 leafle Signed.	Place alland, Md Date March 191036	
20. stellarch 18, 1036 for Trunkling M. A. (Signed) Hung he Reynolds M. D. Registrar. (Address) 1228 links St.	13. OHDERTARER	24. Was disease or injury in any way related to occupation of daceased?
	20. sillarch 18,1026 to Attanklin M. A.	(Signed) Assign Reynolds M.D.
	17 100	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	97)		
County Allegany	Registration Dist. No.		
Village or City Clercle	No. Orchard St., Ward		
1/4	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME John & Dame	ls		
(a) Residence: No.	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 27, 193 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Jan 11 1854	I last tow have alive on have a said a death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.		
87 7 16 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, profession, or particular kind of work dona, as SPINNER, humbersham.	Beneral alexinolerous ?		
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
O Data deceased last worked at 11. Total time (years)			
this occupation (month and spant in this year) spant in this occupation	Older Contact and Contact in a second contact		
12. BIRTHPLACE (city or town) Oldtown Ind.	Other Centributory Causes of importance:		
13. NAME Thomas Raniels			
14. BIRTHPLACE (city or town)	Nama of operation Date of What test confirmed diagnosis? Was thara an au!opsy?		
IS. MAIDEN NAME Craner	23. If death was due to external causas (VIOLENCE) fill in also the following:		
15. MAIDEN NAME CANCY 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
(State or country)	Whera did injury occur?		
17. INFORMANT ma Ima Image Image (Address)	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Arze Hill Cin Date han 30, 1936	Nature of injury		
19. UNDERTAKER Lomo Sterry Gore. (Address)	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED 3/30 , 196 D. Lland Warfe	If so, specify (Signed) M. D. M. D. M. D.		
City Health If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstilial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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OCCUPA-

plnods

1. PLACE O

County Village or

Length of res

PERSO

f married, widow HUSBANO of (or) WIFE of

8. Trade, profe

SAWYE

work wa SAW MI

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

(State or country)

(State or country

13, NAME

17, INFORMANT

19. UNOERTAKER

(Address)

Industry or

6. DATE OF BIRTH

2. FULL NA (a) Resider

3. SEX

7. AGE

PATION

FATHER

MOTHER

TION

V. S. No. 1

Ω,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
F DEATH	20
YOUR	Pagistration Dist No. 6 2416
and the same	Registration Dist. No. 6
city Westernbort - mi	Registration Dist. No. St., Ward death occurred in a horpital or iostitution, give its NAME instead of street and number)
idence in city or town where death secured 3. Q yes	
ME may Sectar Dans	
nce: No. Webtermont	St.,Ward.
(Usua place of abode)	If nonresident give city or town and State
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oav) (Yeer)
ved, or divorced	
William Dan.	22. I HEREBY CERTIFY. Thet I ettended decessed from June 1,1932, to Much 1, 1936.
(month, dey, and year) Way 13. 18 85	I last saw h eq elive on Morch 10, 1936; deeth is said
ers Months Deys If LESS than	to have occurred on the date stated above, et 14.302.m.
50 9 (1) of 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ession, or particular	were es follows:
work done, as SPINNER, t, BOOKKEEPER, etc. House - wife business in which is done, es SILK MILL,	Pernicions anemia 1932
LL, BANK, etc.	

10. Oate deceased last worked at 11. Total time (years) spent in this this occupation (month end occupation __ 14. BIRTHPLACE (city or town) Name of operation 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_____ Dete of injury____ 16. BIRTHPLACE (city or town) Where did injury occur?___. (Specify city or town, county and State)
Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury mules Octe Mavil Nature of Injury. 24. Was disease or injury In any way releted to occupation of deceased? If so, specify (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago 1936 Cerebral hemorrhade July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

4 to 4	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	- 2414
611	County/seleganes	Registration Dist. No.
should of OCC	Village or City	
	Vinage of oney (II	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
I NS I	Length of residence in city or town where death occurredvrs	How long In U.S. if of foreign birth?mos ds
ORD. Every HYSICIANS t statement	2. FULL NAME Draky XX	is
D. SIC	(a) Residence: No.	- St., Ward.
CORD. Every PHYSICIANS ict statement	(Usual place of abode)	If nonresident give city or town and State
EC PF xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
53.	Male White Singlo	(Month) (Dey) (Year)
BINDING PERMANEN EXACTL y classified.	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
TA A A A SSS	(or) WIFE of Infant	May 14 1936, to May 14 1936
	6. DATE OF BIRTH (month, day, and year) May 14 1936	l lest saw harm, etive on May 14 1936; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, at 1203Pm.
FOR IS A F stated properly certifica	1 dey,hrs,	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence
F(IS sta pro	8. Trede, profession, or perticuler	were as follows:
VED THIS	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Themstuite.
RVE ould may back	9. Industry or business in which	
ERV VK—T should it may n back	work wes done, as SILK MILL, SAW MILL, BANK, etc	
70 2	10. Dete deceased last worked at this occupetion (month and spant in this	
RES ING IN AGE that	year) occupetion	Other Contributory Causes of Importance:
2 3	12. BIRTHPLACE (city or town) Faft Mg	-
MARGIN RI UNFADING supplied. AGI n terms, so tha	(State or country)	
MARGI UNFAl supplied. n terms, ee instru	13. NAME One 14. BIRTHPLACE (city or town) Shart	,
MAH UH U	14. BIRTHPLACE (city or town) - 5 hast	Name of operation 200 Date of
S. S.	(State or country)	What test confirmed diegnosi
Y, WITH carefully su	15. MAIDEN NAME 16. BERTHPLACE (city or town) (State or country)	23. If deeth was due to external causes (VIOLENCE) filt in elso the following:
	[16. BERTHPLACE (city or town)	Accident, sulcide, or homloide?
be of SAT	State or country)	Where did Injury occur?
	17. INFORMANT mouses dans	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address) Shaff and	
- 1-1 · · ·	18. BURIAL, CREMATION, OR REMOVAL Place Freetburg Ush Date Mar. 14 10 36	Manner of injury
-WRITE mation sl	Place thurstown les Date Mar. 14, 19 36	Neture of injury
-WRIT mation CAUS	19. UNDERTAKER Whi to cicio (Fattier)	24. Wes disease er tnjury in any wey reteted to occupation of deceased?
No.	(Address) fratbug ued, R.L.D, # But 37	If so, specify
vi . (T)	20, FILED min 14 19 36 a Rivalker	(Signed) VOIII Last M. D.
> %	Registrar.	(Address) - they bring mo
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis APR 2	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
And the second s			-	
Other contributory causes of importance:		Other contributory causes of importance:	H Wall	
Gallstones	May 1,1923	Gastroenteritis	1 year	

Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B.—WRITE PLAINLY

1. PLACE OF DEATH County Allegary	WITHIN CORPO	PRATE LIMITS	X 24 Registration Dist. No	18
Length of residence In city or town where death or 2. FULL NAME Blla &			stitution, give its NAME instead of street a	nd number)
(a) Residence: No. 203 Elda	Usual place of abode)	St.,6 - Ward.	If nonresident give city or town	and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL	CERTIFICATE OF DEATH	ł
Jamale White 9	NGLE, MARRIED, WIO OWED, DIVORCED (write the word)	21. DATE OF DEAT	(Month) (Day)	, 193 6 - (Year)
HUSBANO of Corne Dass	3	22. IHERE	BY CERTIFY, That I attend	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL,	Oays If LESS than 1 day,hrs. ormin,	1	stated above, at. 7: 150 cm. DEATH and related causes of importance	Date of one of
10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 13. NAME 14. Annual 15. Annual 16. Annual 17. Annual 18. Annual	11. Total time (years) spant in this occupation	Other Contributory Causes of	importance:	tie,
13. NAME Samual Jay 14. BIRTHPLACE (city or town) (State or country) Alle	60	Name of operation		
15. MAIOEN NAME Bristina 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 7 3 Selection 18. BURIAL, CREMATION, OR REMOVAL Place Mathematical Date of the Country of the Countr	Dennison 60 1015 Nas 19, 1936	23. If death was due to externa Accident, suicide, or homicide Where did injury occur? Specify whether injury occurr Manner of injury	I causes (VIOLENCE) fill in also the follow	wing:, 19
19. UNOERTAKE CLASS STATES STA	Thank M. A. Registra.	24. Was disease or injury in a If so, specify (Signed) (Address)	as fur	Jes Just

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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	Example I	1	Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	MECENED	1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	APR 7 1936	July 5,1927	Peritonitis	3 days ago		
	BUREAU V. S.					
Other contributory	causes of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1

2

3. S

6. E

OCCUPATION

12.

MOTHER | FATHER

17.

18.

19.

20.

See instructions on back of certificate.

very important.

TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH
PLACE OF DEATH	
County Military	TE LIMITE Registration Dist. No.
Village or City Commerciand.	No. A. Suchama Sh. Blue Spist, Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) 2 4 ds. How long in U.S. if of foreign birth?
FULL NAME Henry & Danie	
(a) Residence: No. 7 Solid Place	. St., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR, RACE OR DIVORCED (write the word)	21. DATE OF DEATH Mar 30 ,193 G (Month) (Day) (Year)
If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C.111 10-0	, 19, to, 19
GE Years Months Days If LESS than	I last saw h ; death is said to have occurred on the date stated above, at
7 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	andental Drowning
Industry or business in which work was done, as SILK MILL,	found in Blue things
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation	
BIRTHPLACE (city or town)	Dther Contributory Causes of importence:
(State or country) Ind.	
13. NAME / Horry Dans	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME While Starty	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Now Clambate Mark 7, 1936	Nature of injury
(Address)	24. Was disease or injury in any way related to occupation of deceased?
FILESBEL 1, 1936 De Potteanthe Me	(Signed) Glob Paulman Coroneor
Registrar,	(Address)

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis APP 933	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
I BUREAU V. S.	office of the second			
Approximation of the state of t				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
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infor-Jo BINDING RESERVED

back may plnods See efully d DEATH plno CAUSE

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. County Village or City___ (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?_____vrs.____mos. Length of rasidanca in city or town where death If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at 4 - 30/-m. If LESS than 7. AGE Month **Oavs** 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Oate of onset 8. Trada, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceasad last worked at 11. Total time (yaars) this occupation (month and occupation _____ 12. BIRTHPLACE (city or town). (Stata or country) 13. NAME FAT Nama of operation 14. BIRTHPLACE (city or town)_____ (State or country) What test confirmed diagnosis !-Was thera an autopsy?. HER 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide?______ Date of injury______ 19_____ 16. BIRTHPLACE (city or town (State or country) Where did injury occur?___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVA Manner of injury Nature of injury 24. Was disaasa or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No.

ARGIN

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Example I	A NOTICE AND A SECURAL AND A S	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS t statement of CERTIFICATE OF- DEAT County Registration Dist. No. If death occurred in St.:....Ward) a hespital or institution, give its NAME Instead of street and number. CTL CORD ² FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE stated MARRIED WIDOWED (Month) (Day) OR DIVORCED be properly certificate. That I attended deceased from 6 DATE OF BIRTH should (Year) (Day) Month) If LESS than 7 AGE of may ck of and that death occurred on the date stated above, at ш 1 day, hrs. C The CAUSE OF DEATH # was as follows: baci OR/O min. ? that 8 OCCUPATION supplied 0 (a) Trade, profession, or ons particular kind of work S (b) General nature of Industry in terms, instruction terms, business, or establishment in (Duration) fully which empleyed (or employer Contributory 9 BIRTHPLACE (State or country) CB B 0 Duralien) 25 10 NAME OF FATHER 2 (Signed) 2 2 I III-11 BIRTHPLACE ENT N OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 20 H mpor (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SUICIDAL OF HOMICIDAL 00 00 12 MAIOEN NAME OF MOTHER Q LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 Very f informa OR RECENT RESIDENTS 13 BIRTHPLACE In the At place OF MOTHER of death State. yrs. .mes. 1/3 (State or country yrs. Should state CAI Where was disease contracted, 14 THE ABOVE IS If not at place of daeth? Former or unual rasidence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address 191 15 20 UNCERTAKER ADDRESS 60 If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

1 PLACE OF DEATH

BIND

S



[Approved by U. S. Census and American Public Health
Association.]

state occupation at beginning of illness. If retired from engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully mobile factory. write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the OISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Poreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer." For persons who have no occupation whatever Locomotive engineer, But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, menin-

ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of. on statement of cause of death approved by Committee under the head of "Contributory." head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUBHPERAL peritonilis," etc. cause. Always qualify all diseases resulting from child-birth or miscarriage as "Puenrenan septichusmia." etc., when a definite disease can be ascertained as the genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated "Anacmia" "Old Age," "Shock," by railway train-accident; Revolver "Coma," The nature of the injury, as fracture of skull (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Uracmia," "Weakness," carbolic acid-probably State cause for which (Recommendations wound of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence all the data is essential and must be obtained before the certificate is permanently filed.

APR 7 1936 UREAU V. S.

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH?	242	2
County Officianus	Registration Dist. Np.	
Village or City YUNDERS (If	NoSt., ¹ death occurred in a horpital or institution, give its NAME instead of street and n	wmber)
Length of residence in city or town where death occurred Syrs		
2. FULL NAME William Dana	(drin	
O-1	The state of the s	
(a) Residence: No. FUP-LW (Usual place of abode)	St., Ward. If nonresident give city or town and state of the state of	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 2	
OR DIVORCED (write the word)	3 29	193 6
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I ettended d	leceased from
Callenne Wy walk and	me) March 10 ,136, to March 29	136
6. DATE OF BIRTH (month, day, and year) June 23. 1854	I last saw h alive on with 25, 136	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade, profession, or particular	0 1 0 //	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	(prioral funoshage	3/29/38
9. Industry or business in which work was done, as SILK MILL,	——————————————————————————————————————	
SAW MILL, BANK, etc. QUELL SHOWL	1.1	
this occupation month and 1921 11. Total time (years) spent in this 50 year occupation Solution	,	
year) Sept occupation Dy's	Dther Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Application	artino Velirosio	14
(State or country)	00 ' D 7-1:71	1933
13. NAME This. Donaldson	chomic positions	
13. NAME Thus, Sonaldson 14. BIRTHPLACE (city or town)	Name of operation Date of	• .
(State of country)	What test confirmed diagnosis? Was there an au	Opsy? HO
15. MAIDEN NAME Selent Cherrie 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	
E (State or country) Scuttand	Where did injury occur?	, 10
17. INFORMANT Mist. Sus an Brown.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLAI)
(Address) PMaconing Md.	open, makes injuly occasion in industria, in flowing, of in Public Plan	JE,
18. BURIAL, CREMATION, OR NEWOVAL	Manner of injury	
Place Laure Sill lemela state Caffred 1, 1936	Nature of injury	
Mr. Bich lines		
19. UNDERTAKER HULLAS COUNTY OF CACOUNTY OF THE COUNTY OF	24. Was disease or injury in any way related to occupation of deceased?	
al'a de la company, mo	If so, specify	
20. FILED Ward 1, 1006 D. a. Done he	(Signed)	u. /. M. D.
Registrar.	(Address) — Xundlen	4.

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	Example I		Example II		
The principal cause of importance were Arteriosclerosis	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial ne	ghritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 5	July 5, 1927	Peritonitis	3 days ago	
	BUPEAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		الــــــا		1	

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(SE)	iten	sh	of	
	-WRITE PLAIMLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every iten	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
	OKD.	HYSI	t sta	
1	r KEC	Y. P	Exac	
ING	NEN	CTL	ified.	
SIND	ERMA	EXA	class	ė.
OR I	S A P	ated	operly	rtificat
MARGIN RESERVED FOR BINDING	HIS IS	be st	be pr	of cer
ERV	IK-T	plnods	t may	n back
RES	NG IN	AGE :	that i	ions or
RGIN	FADI	lied.	ms, so	structi
MAI	H UN	ddns	in ter	See in
	WFT	refully	in pla	tant.
•	IMLY,	be ca	EATH	impor
	PLA	plnods	OF D	very
	VRITE	ation s	AUSE	TION is very important. See instructions on back of certificate.
H	1	E	J	E

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- CSP 46-80 C423
County Allegany.	Registration Dist. No. 4
	No. 512 Ttill St. 4 Ward
Length of rasidence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of atreet and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clarence Nors	uj
(a) Residence: No. 5/2 Hull of (Usual place of abode)	/ St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market Mark	21. DATE OF DEATH Musch 30, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Inagarie Combs.	22. I HEREBY CERTIFY. That I attended deceased from 2-3-36
6. DATE OF BIRTH (month, bay, and year) alone 1888	I last saw have elive on 2-12-36, 19 ; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at & A m.
48 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	austria- nettertural
9. Industry or business in which work was done, as SILK MILL,	The h
SAW MILL, BANK, etc	Primary careenorma of stormel
11. Total tima (years) this occupation (month and spent in this	Duration 1 six months Cut R.
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) + tralling	
(State or country)	
I I3. NAME	
13. NAME 14. BIRTHPLACE (city or town)	Nama of operation home Data of Data of
(State or country)	What test confirmed diagnosis? John Efforts Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Bill Itale. (Address) Contral are.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place linguing Co Code apr. 7, 1936	Manner of injury
9. UNDERTAKER Aring Sterning Para. (Addiess) md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED apr. 7, 1936. DV. Jos P. Frankling. Registrar.	(Signed) (Music J. Langton M. D. (Address) 54 n. Michaeles St.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis CEIVED	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 7 1936				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS B	Y PHYSICIAN
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	DEATH		92-00 20 24	24
County_	Magany	WITHIN CORPOR	Registration Dist. No.	7. 4
Village or Ci	ty Carroll		No. Alligang Atthing St., death occurred in a hospital or institution, give its NAME instead of street and r	Wannber)
Length of rasid	ence in city or town where de)s
2. FULL NAM	ME Esmest	marshall De	orsey 1.1 No 45	
(a) Residence	e: No	***************************************	St. Ward. Willeys Ford, W.	Va.
DEBCON	AL AND CTATICTIC	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	State
3. SEX		SAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male	White	OR DIVORCED (write the word)	March 28	. 193 6
5a. If married, widowe	ed, or divorcad	-ung a	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of			22. HEREBY CERTIFY That I attended	deceased f
	0		Ch	6, 19
6. DATE OF BIRTH (1		Days If LESS than	to have occurred on the date stated above, at 6 20m.	death is
7	o mognis	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importence	
8. Trada, profess	sion, or particular	// ormin.	ware as follows:	Data of or
kind of w	ork dona, as SPINNER, BOOKKEEPER, etc.	hone.	Sawans was talked	
✓ I → Industry or b	usiness in which done, as SILK MILL.			
SAW MILI	done, as SILK MILL, , BANK, etc	11 Total time (vears)		
	ation (month and	11. Total time (years) spent in this occupation		
a DinTilli Lor (di	Laml L	enland o	Other Contributory Causes of importance:	
12. BIRTHPLACE (city (State or coun		and and	William Charles	10.7
13. NAME R	ntos 6 d	Dorsen.		
14. BIRTHPLACE	(city or town)		Name of operation Date of	
(0.000 0)	country)	, la.	What tast confirmed diagnosis? Wes there an a	u!opsy?
15. MAIDEN NAM	IE Vera s	heety	23. If death was due to axternal causes (VIOLENCE) fill in also the following	:
16. BIRTHPLACE			Accidant, suicide, or homicide? Date of Injury	, 19
≤ (State or	country)	ma.	Whare did injury occur? (Specify city or town, county and State	e)
17. INFORMANT	infino 6	Novey	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ICE.
(Address) 18. BURIAL, CREWATI	ON, OR REMOVAL	- 1. Va	Mannar of Injury	
Place Pol	comment les	monte 3/3/ 19.34	Nature of injury	
(mais Str.	1.2	24. Was disease or injury In any way related to occupation of decaased?	
19. UNDERTAKER (Address)	(ma)	erland	If so, spacify	
Da 1	1010111	09 100	(Signad) Il C Barven	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial pephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
APR 7 1936				
Other contributory causes of importance: 5.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE

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certificate

back

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 7 1936	July 5, 1927	Peritonitis	1 week ago
BUREAU V. S.	July 0,1927	1 eruonuis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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2

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2426
County Bllegany	Positive No. 1
Village or City Phylosophyse	Registration Dist. No. 1 U
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 40 yrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Clara Jane Eme	rick
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March /2 193 6 (Month) (Day) (Year)
5a. If married, widowed) or diverced HUSBAND OF (or) WIFE OF	(Month) (Day) (Yeer) 22. HEREBY CERTIFY, That I attended deceased from
1 many	tep/ 1935, to May 12 136
6. DATE OF BIRTH/month, day, and year) July 15/862	I last saw h, 1936; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date steted above, et 400 m.
1) 2 0 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	searces of Just 1935
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (most) and	
10. Date deceased last worked at this occupetion (month and year) occupation	
· · · · · · · · · · · · · · · · · · ·	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME andrew Kennell 14. BIRTHPLACE (city or town). Pennylvania	
4. BIRTHPLACE (city or town) Perrylaamia	Name of operation Dete of
(State or country)	Whet test confirmed diagnosis? Cluucal Was there an eutopsylla
IS. MAIDEN NAME Elen Banghman	23. If death wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town). Pennsylvania	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John M. Granich (Address) MI TANTO C. Sm. A	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD	Manner of injury
Propose Hill Cemelery Date Mar 15, 1936	Nature of injury
19. UNDERTAKER Journ Stein J	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/ /2 , 1936 Sestitum 8	If so, specify (Signed) (Address) (Address) (Address)
16	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitiat nephritis PR 2 1936	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	A. I	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
infor	state UPA-	1. PLACE OF DEATHY	463	6
MI	77 1 1	County Clyary	Registration Dist. No.	
171 /	bluods	Village or City LUG Leuron	No. 1 VII luaur st.	Ward
1			death occurred in a horpital or institution, give its NAME instead of street and n	umber)
A	N WITH	Length of residence in city or town where death occurred	How long In U.S. if of foreign birth?	sds.
Kve	IA me	2. FULL NAME / Welladel Hoseph	Waly	
6	PHYSICIANS oct statement	(a) Residence: No. 174 Wall	St., Ward.	
	HX	(Crual place of abode)	nonresident give city or town and	State
6	. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH	
	EX.	3. SEK 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DOVORCED (gwrite the word)	21. DATE OF DEATH	/.
rh Z	5.	mariged mariged	(Month) (Day)	, 193 (O (Year)
N E	A C T]	5a. If married, widowed, or divorged HUSBAND of		
DI	A ((or) WIFE of Muley	22. MEREBY CERTIFY That I attended of	leceased from
BINDIN	K T	6. DATE OF BIRTH (month day and year) 1868	Hast saw h. J. alive on Man h. 75 1936	e double onid
B	ate	6. DATE OF BIRTH (month, day, and year) 7. AGI Years Months Days If LESS than	to have occurred on the date stated above, at _2:45 R_m.	; death is said
FOR	stated E properly certificate	Notation 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	stal pro	8. Trade, profession, or particular	were as follows:	Date of enset
Q	pe pe	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Casein our Al House	1036
A L		9. Industry or business in which	The state of the s	
J.R.	should it may n back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked et this occupation (month and		
SI	4	10. Date deceesed last worked et this occupation (month and spent in this		
RESERVED INK_THE	AGE that	year) occupation	Other Contributory Causes of importance:	
2	oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city) town)	Other states and other states of importance.	
MARGIN	ed. S, S	(State or county)	Oulmonary Elema	3-14-3
N. N.	supplied n terms, ee instri	13. NAME William Jaliey	12.0	
MA	0 t = 0	13. NAME VICE VALLEY 14. BIRTHPLACE (city or town) (State or country)	Name of operation	
	lai S	(State of County)	What test confirmed diagnosis? O Myorced free Was there en au	u'opsy?_90.
	efully sin plain	15. MAIDEN NAME Many James 16. BIRTHPLACE (ETV or town) Deland	23. If death was due to external causes (VIOLENCE) fill in elso the following:	
5	-	5 16, BIRTHPLACE (Eity or town) Iseland	Accident, suicide, or homicide?	, 19
	ld be cal DEATH y import	State or country)	Where did injury occur?	
	d b DE	17. INFORMANT MEN Jugget Ochley	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
10	hould OF D	(Address) first fur of the	, ,	
1		18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
WRIT	ation AUSE ION is	Place Place Pate 1995	Nature of injury	
T M	mation s CAUSE TION is	19. UNDERTAKER ASTORIU 4 TY Duron	24. Was disease or injury in eny way related to occupation of deceased?	geo.
o -		(Address)/ Mellwouf 1904	If so, specify	
S. S.	(1)	20. FILED Mels 27 1936 a Bayenbaker m.	(Signed) Caul Olivon	M. D.
b. 2		Registrar.	(Address) Piedmant, W. Va.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Find

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Example 1	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitue nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	Y. E	70		male	1/	Lite	OR	DIVO
BINDING	A PERMANEN ted EXACTI perly classified. ificate.	5a.	HUSE	ried, widowe BAND of WIFE of	d, or divorce	denn	·h	Find
BIN	ERN EX clz	6. 1	DATE C	F BIRTH (1	month, day, a	and year)	ung	2
	d d	7. /	AGE	Yaar	s	Months	1/	Days
FOR	- 6 43			3	0	6	1	20
ED F	HIS IS be stape pro of cert	LION	8. Tı	kind of w	sion, or part ork done, as BOOKKEEPE	SPINNER,	240	ZIA
RVI	Should it may n back	CUPATI	9. In	work was	usinass In v done, as SIL L, BANK, etc	K MILL,		
RESERV	IG INFAGE SHAT it that it ons on	8	10. D	this occup	d last worke ation (mont)	hand / c :	35	11. To
	DIN So so ictio	12.		IPLACE (city		Coch	shi	asi
RG	UNFA. upplied terms,	ER	13. N	AME	Tolo	est	SUI	tai
MARGIN	TH UNFA	FATHER	14. B	IRTHPLACE (Stata or	(city or tow country)	n) Crea	las	tory
1		TER	15. M	AIDEN NAM	ME EL	las	116	Til
	'Y, V caref CA in ortar	MOTHER	16. B	IRTHPLACE (State or	(city or tow	n)	nas	ul
	PLAINLY, Wi hould be careful OF DEATH in p	17.	INFOR	1/	m. 4	Red	Shi	del
	E N E N	18.	BURIA		ON, OR REI	Y	Ly Dat	e)
0.1	WRITE mation SCAUSE TION is	19.		RTAKER .	my	Esid	hh	w
V. S. No.	z Z	20.	. FILED	3/2	1/3/	S	12	2

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(A) X 24 (A)
County All of any within	Registration Dist. No.
Village or City processing	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred 22 yrsmos.	ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Dante Salel	Farenbaker
(a) Residence: No. Janascanna, Detruola	St./ Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
S. SEX. 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
The small In hate OR DIVORCED (write the word)	(Month) (Day) (Year)
ia. If married, widowed, or divorced HUSBAND of	
(or) WIFE of The dericks pasenbaker	1 HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH (month, day, and year) Ang 26, 1905	I last saw h & alive on but 19 ,19 36; death is said
AGE Yaars Months Days If LESS than	to have occurred on the data statad abova, at
30 6 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Carcinoma & pelloce organ
9 Industry or husiness in which	The careinoma invalved the returns a stand-
work was done, as SILK MILL, SAW MILL, BANK, etc.	ing to both tules, the mories, and the rotum.
10. Date decaased last worked at this occupation (month and year) 11. Total time (years) spent in this year coupation 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Duration: not definitely determined; probably dat-
Ehlat	Other Contributary Causes of importanca: ing from September 1 1935.
(State or country)	Nearnerous saucerous masses throughout
13. NAME (Evbert Starpey	The state of the s
14. BIRTHPLACE (city or town) Creasafutorion	Nama of operation
(State or country)	What test confirmed diagnosis? Laboralor (Was there an autopsy??? Vo.
15. MAIDEN NAME Cla Stylyger	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
2 16. BIRTHPLACE (city or town) # Manual And (State or country) Manual And	Accidant, suicida, or homicide?
17. INFORMANT Mr. Gred If azenbaker (Address)	(Specify city or town, couoty and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place May 22, 1936	Manner of Injury
19. UNDERTAKER AND COLORS (Address)	24. Was disease or injury in any way related to occupation of dacaased? Ut
20. FILED 3/2 / 3 15 Dr. 2. Doy 1 glot. Registrar.	(Signed) / Lemy M. Horget M. C. (Address) Loraletung, M.C.
, O Registrar.	(100100)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. \$/No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis APP 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF	DEATH	min	WITHIN		Pogietestia	n Diet No	9423
		10000	9.0	RPGRATE LIMITS .	Registratio		
Village or Ci	ty All	acqui	MI		al or institution, give its NAI	ME instead of street as	
Length of resid	lence in city or town where	death occurred	3 Cyrs mos	ds. How long i	in U.S. if of foreign birth?	yrs	_mosd
2. FULL NAM	ME Will	am 4	essens	,	World	War.	
(a) Residence	e No Sin	ucon	ina	-St. Ward	d .	(
(=)		(Usual place	A			nt give city or town	and State
	AL AND STATIST	ICAL PARTI	CULARS	MEDI	CAL CERTIFICAT		1
SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF D		5-15	1
male	Shute	/	rigle		(Month)	(Day)	(Year)
. If married, widowe HUSBAND of	ed, or divorced	. 1	1	22. 1 H E	REBY CERTI	EV That I offend	and decreased for
(or) W1FE_of		ngle	Critical Special Section		. 18.	to and 5	19.34
DATE OF RIPTH (month, day, and year)	Woln 15	1893	I last saw h		T 19.3	
AGE Year		Days	If LESS than		date stated above, at1.2	-30 m.	
4	3 0	21	1 day,hrs.	A CONTRACTOR OF THE CONTRACTOR	E OF DEATH and related ca		
8. Trade, profes	sion, or particular	1 m	10 11	acutes	alcololisen		Date of on
kind of w SAWYER,	ork done, as SPINNER, BOOKKEEPER, etc.	ulf the	le Worker		200000000000000000000000000000000000000		
9. Industry or b	done, as SILK MILL.	Palen	10:10				
SAW MILI	L, BANK, etcd last worked at	II Total t	ime (years)				
this occup	ation (month and 190	spa	nt in this 6				
	0	12: 04:0	21.10	Other Coutributory Can	ses of importance:		
2. BIRTHPLACE (city (State or coun	///	marcos	yny				
13. NAME	tola	1 The	11.00				
	7/0 100	- reer	ens.				
14. BIRTHPLACE (State or		Part on	1				1
15. MAIDEN NAM	AF Eliale	Ha Col ta	himoun	What test confirmed dia	external causes (VIOLENCE)	Was there	
	The state of the s	a jour	neview		omicide?V.		
16. BIRTHPLACE (State or		Mann	Vand	Where did injury occur		Date of injury	, 13
9	his Elen	Loth 1:	Facultain		(Specify city occurred in INDUSTRY, in	or town, county and	State)
(Address)	Lana	many	On &	openiy whether mjary		nome, or an i obelo	, ENOE.
BURIAL, GREMATA		+ Only	1 1	Manner of injury			
Place - A	urel Hell Come	lempate / Ma	sch 8,1936	Nature of injury			
UNDERTAKER	Mr Foral	Mana	, 0.0		ry in any way related to occ	upation of deceased?	ha
9. UNDERTAKER (Address)	fer gen	acom	na mx	If so, specify			
mai	et 7 30 A	50-1			uses in Hod	yson	M
, FILED //L	11 - f -, 19/10 - VE	4.000	Registrar.		Lorsconing	2. mil	

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonilis	3 days ago	
L Control of the Cont				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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1. PLACE OF DEATH	CERTIFICATE OF BEATH
County Class garage	Registration Dist. No.
Village or City + 1 Day 9 TU	ChoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Comes My In	e alif. U.S. Yeteran specify WAR
(a) Residence: No. / 7 S - Colon (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced	
HUSBAND of (or) WIFE of	19 2 Cate Standard St
6. DATE OF BIRTH (month, dey, end year)	Hast sew have alive on the 2, 1936 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete steted ebove, at
64 1-6 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cardine dilatation
9. Industry or business in which work was done, es SILK MILL, SAW MILL BANK etc	A.1.
SAW MILL, BANK, etc	Ormany Cause: Chronic myocarditis. Cersos
H - OF M	Offer Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	P
	20 22 (non-tubered land)
13. NAME July 14. BIRTHPLACE (city or town) we gal July can	Rame of operation Date of
(State or country)	Whet test confirmed diegnosis?
15. MAIDEN NAME (Ce an govet) all ag	22215 seath wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME (CT T CALL S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Accident, suicide, or homicide?
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALE THE PARTY OF A	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Dete Markets - Freshing Dete Mar 6, 1936	Manner of injury
19. UNDERTAKER I L Neuss	24. Was disease or injury in eny way related to occupation of deceesed?
(Address)	If so, specify
20, FILED Maz, 6, 1976 a R. Walker u. A. Registrar.	(Signed) M. D. (Address) The Street Filed

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 2 1985	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Ж	

ADD	INTONAL CDAC	E BOD EMBRIADO CO	A MINISTER DATE WAY	***************************************	
ADD	THUNAL SPAC	E FOR FURTHER ST	ATEMENTS BY PH	YSICIAN	

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RESERVED

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	Example I		Example II		
The principal cause of importance were	of death and related causes sollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nepl		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 7 1936	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory c	uses of importance:	read .	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OCCUPA

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Cerebral hemorrhage APR 7 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	2/1/2
Gallstones	May 1,1923	Gastroenteritis	1 year
			E - more

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 2433
County ALLEGANY WITHIN COMP	Registration Dist. No.
Village or City CUMBIRLAND, MARYLAND	No. MEMORIAL HOSPITAL SIG- Ward
(II Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME JOHN GEORGE	713mos
(a) Residence: No. FLINTSTONE MD. (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAR. 17, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of BEATRICE SMITH	(Month) (Day) (Year) 22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) SEPT. 8 188 4	I last saw han alive on March (7 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:40 mP . M .
51 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
SAWYER, BOOKKEEPER, etc. TIMBERMAN	Date of onset
	Menogely
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) occupation	4
12. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	Other Contributory Causes of importance: The Charter of Manual Manual The Charter of Manual Manual The Charter of Manual The Charter
E 13. NAME WILSON GEORGE	
14. BIRTHPLACE (city or town) (State or country) WEST VIRGINIA	Name of operation 22 Date of Date of What test confirmed diagnosis?
15. MAIDEN NAME PET POWELL	What test confirmed diagnosis? Littue Was there an autopsy?
16. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	Accident, suicide, or nonmide? Date of Injury 3/19 3/6 Where did injury occur? Little 4 a
17. INFORMANT MEMORIAL HOSPITAL (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place July 1936	Manner of injury Facluring Ince
19. UNDER TEREN Grain Stein Enre	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FileBerch 19, 136 Jan Hounk M. Registrar.	(Signed) It il pace M.D. (Address) Churcherland 74
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Exa	mple I	Lollin	Example II	
The principal cause of death of importance were as follow	and related causes	gate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BUREAU	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DUKERO	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Lixample 1	1	Example 11	
The principal cause of death and related cause of importance were as follows:	es Dite of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ADD 7 1936	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	S.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

St. If married, widowed, or divorcad HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
Village or City Ward. Length of residence in city or town where death coding of U.S. If of foreign birth? 2. FULL NAME (a) Residence: No. Clumb place of abode? DEFOSONAL AND STATISTICAL PARTICULARS 3. SEX PERSONAL AND STATISTICAL PARTICULARS OR BYOGGEO comple word? 1. S. SIX Length of residence: No. Clumb place of abode? DEFOSONAL AND STATISTICAL PARTICULARS OR BYOGGEO comple word? 1. S. SIX Length of vivorcad Word in nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH DATE OF BIRTH (month, day, and year) The Control of the Comple word? Days 1. LESS than 1 to have occurred on the date lated above, 10 mm. The PINICIPAL CAUSE OF DEATH and related causes of importance were as follows: SAWYER, BOOKKEPER, etc. Lindustry to business in which work was doze as SIKK MILL. Work was doze as SIKK MILL. SAWYER, BOOKKEPER, etc. Lindustry to business in which work was doze as SIKK MILL. Work PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of Control of the Contro	1. PLACE OF DEATH	92-0
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Same	DATE OF BIRTH (month, day, and year) March 7-1866	19 to , 19 19 19 19 19 19 19 19 19 19 19 19 19
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20. FILED 3/15 1936 N. B. Bratellin M. A. (Signed) A. J. Bratellin a. J.		24. Was disease or injury in eny way related to occupation of deceased?
20, FILED	3/1/2 1/10 2 1/10 A	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	Registrar.	(Address) Out Sauge MA

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Example I	1	Example II	4
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis ADD 2 1936	1921	Run over by street car	1 week ago
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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CEDTIFICATE OF DEATH
	SEKTIFICATE OF BEATH 2400
1. PLACE OF DEATH	(B) Ao (
County Wille Jang	Registration Dist. No.
Village or City / Marketoney (If a	No. Mara St., Ward leath occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Herry & Het	elt
(a) Residence: No. 6 8 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH man . 20 de 193 (Month) (Day) (Yeer)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceesed from
nancy triggery	1935, to Max 20, 1936
5. DATE OF BIRTH (month, day, and year) AGE Years Months Days If LESS than	last saw have elive on Man 22 , 1956; death is said to have occurred on the date stated above, at 224 m.
/_ C/ / d lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 0 1 0 101	were as follows: Oate of onset
Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Chr. Nephrete ?
9. Industry or business in which work was done, as SILK MILL. Meat market SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month end year) occupation occupation	
Solution Pa	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME of and Glotdeller	
14. BIRTHPLACE (city or town) Salesbury	Name of operation Date of
(State or country)	What test confirmed diagnosis? Clear Frank Was there en eutopsy?
15. MAIDEN NAME / Karret Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Solaiburg	Accident, suicide, or homicide?, Date of injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Mo The Statelly (Address) 68 This St Drafte	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Plece Dela Fa Date Mar 3, 1936	Nature of injury
19. UNDERTAKER I I Somewhat I	24. Was disease or injury In any way related to occupation of deceased?
(Address) Anothery	If so, specify
20. FILED Mar. 22, 1936 a. P. Walker Registrar.	(Signed) M. D. (Address) Frankling / M. D.
	- I full the same of the same

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. A

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Other contributory causes of importance:		Other contributory causes of importance:	
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
	NA ALVIA	TOIL	T. C. L. T. T. T. T. T. T.	DITTELLINITEDIT	13.7	THISTORAN

1 week ago
1 week ago
3 days ago

portance:
1 year

2

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Addrass) _____

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEC	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU	الد		
Other contributory causes of importance:	110	Other contributory causes of importance:	125,01
Gallstones	May 1,1923	Gastroenteritis	1 year

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OCCUPA.

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1. PLACE OF I County 1

				1 04	
STATE OF MAR	YLAND-CE	RTIFICATE	OF DEAT	ГН	
LEGAMO WITH	IN CORPORATE	LIMITE 186-0	⊋ o Registratjon Di	2438 ₄ /	
Canoterla		curred in a hospital or in	stitution give its NAME in		War
in city or town where death occurred	& Grim	ds. How long in U.S.	if of Torelgn birth?	yrsmos	d
Vo. 433 Bono	∠ st.	Ward.	X		
(Usual place	of abode)		It nonresident giv	ve city or town and State	
AND STATISTICAL PARTI	CULARS	MEDICAL	CERTIFICATE	OF DEATH	
	RIED, WIDOWED, D (write the word)	ATE OF DEAT	HMar.	F9, , 193	(Year)

Village or City Length of residence 2. FULL NAME (a) Residence: PERSONAL 3. SEX 5a. If marriad, widowed-or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months If LESS than to have occurred on the data stated above, at_ 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related gauses of Importance or min. Data of onset 8. Trada, profession, or particular kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.___ CUPATION Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ Date deceased last worked at this occupation (month and 11. Total tima (years) spent in this occupation ... Othar Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation _. (Stata or country) What test confirmed diagnosis?____ MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town)_____ (State or country) Whera did injury occur (Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

> Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis pp 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	THER STATEMENTS BY PHYSICIAN
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240 260

610



V. S. No.

1. PLACE OF DEATH

	(a) Residence: No. 309 Br	and arc (Usual place of abode)	St. 2 Ward. If nonresident give city	or town and State
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3.		SINGLE, MARRIED, WIDOWED, DE DIVORCED (write the word)	21. DATE OF DEATH Mar.	8 193 6 (Year
5a.	If married, widowed, or divorced HUSBANO of (or) WIFE of Halter A	rimm	1 HEREBY CERTIFY, Tha	t I attended deceased
6. 1	DATE OF BIRTH (month, day, end year)	1 13 1864	I last saw her alive on Oscar 8	
7.		Days If LESS than	to have occurred on the date stated above, at 8:45 Cm.	
	7/ 5	23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of imp were as follows:	
NO	8. Trade, profession, or particular kind of work done, as SPINNER,	./	Appotensinis Carolio Vasanla	
(Tic	SAWYER, BOOKKEEPER, etc.	nsimp	Chronic Myscar	ditis
UP	work was done, as SILK MILL, SAW MILL, BANK, etc	0		
SSC	10 Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
	year)	occupation		
12.	BIRTHPLACE (city or town) Preday	mh of	Other Contributory Causes of importance:	3/1
	(State or country)	o It. Va.		
HER	13. NAME Solumon &	convay.		
FAT	14. BIRTHPLACE (city or town)	P	Neme of operation	Date of
	(Stete or country)	1.00.	Whet test confirmed diagnosis?	as there en autopsy?
HER	15. MAIOEN NAME LEZALLA	1. Itsliams	23. If death was due to external causes (VIOLENCE) fill in also	the following:
MOT	16. BIRTHPLACE (city or town)	M. V.	Accident, suicide, or homicide? Date of Ir	njury, 19_
-	(State or country)	1100	Where did injury occur? (Specify city or town, co	unty and State)
17.	INFORMANT CAMO & Nas	reer :	Specify whether injury occurred in INDUSTRY, in HOME, or in	PUBLIC PLACE.
18.	(Address) BURIAL, CREMATION OR REMOVAL	1. Ua.		
	Mt.	ne may 10 19 36	Menner of injury	
	St. Steri	9	Nature of injury	21
19.	(Addiess)	maj.	24. Was disease or injury in any way related to occupation of d	leceased?
	- many	Land 1	If so, specify	
-	Horsch 9 1836 Jack	7 71 2 10	(Signed) Clay & Dur	ed

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registration Dist. No.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH agenthin Comporate plnous County____ Registration Dist_No. Village Dr City (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 9 ds. How long in D. S. If of foreign birth? .. PHYSICIANS Length of residence In city or town where death occurred. 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. Ward. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and certificate Months to have occurred on the date stated above, at 8-2-5 A-m. 7. AGE Days If LESS than I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. were as follows: 8. Trade, profession, or particular kind of work done, as SPINNE Jo SAWYER, BDDKKEEPER, etc. Industry or business in which back may plnods work was done, es SILK MIL SAW MILL, BANK, etc..... 1D. Date deceased last worked et this occupation (month end 11. Total time (years) no Direction: Inchesser spent in this that occupation ___ instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) storectory was performed for subb (State or sountry) - Janear FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis carefully d MOTHER important. 15. MAIDEN NA 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 16. BIRTHPLACE (city of town DEATH Where did injury occur? pe (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE. plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL AUSE mation Nature of injury_:: LION 24. Was disease or injury in any way related to occupation of decoased? 19. UNDERTAKER (Address) If so, specify (Signed).

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) -

BINDING

MARGIN RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Oav)

Curso.

Was there an autopsy?.

hate of injury______ 19.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		ii.	Example II	
The principal cause of death and re of importance were as follows:	lated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	-193b	1921	Run over by street ear	1 week ago
Cerebra. morrhage	₹. 8.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of import	ance:		Other contributory causes of importance:	
Gallstones	*1.5	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEA	STATE	OF	MARYLAND-CERTIFICATE	OF	DEAT
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1. PLACE OF DEATH	
County allegany WITHIN CORP	ORATE LIMITS Registration Dist. No. 2447
	No. Office the state of the sta
11/1-011.11	
(a) Residence: No. 724 V - Cuttor (Usasi place of abode)	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Note of the word o	21. DATE OF DEATH Warch 5 (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of World Way, end year) 6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 dey,hrs.	22. I HEREBY CERTIFY, Thet I ettended deceesed from 1 lest saw h 1 m. alive on
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9 Industry or business in which work was done, as SILK MILL, BANK, etc.	were as follows: Date of onset
Date deceased last worked et this occupation (month and year)	Other Contributory Causes of Importance:
(State or country)	Chewin paramagnature 10 de
13. NAME Colon / M / Hanes	- Company
13. NAME John It Jager 14. BIRTHPLACE (city or town) Committee (State or country)	Name of operation A and Dete of
15. MAIDEN NAME Elizabeth hastin	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur? (Specify city or town, county and State)
17. INFORMANT And Atagon (Address)	Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Compose Pran 9, 19.36	Manner of injury
19. UNDERTAKER Atmo Steph Dass (Address)	24. Was disease or injury in any way related to occupation of deceased?
20 Resisch 7, 1936 Jan Franklu M. Registrar.	(Signed) M. Cantra St. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	47 (7 1100	July 5,1927	Peritonitis	3 days ago	
5	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state

of OCCUPA-

Exact statement

certificate.

ery important. See instructions on back of

TION

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			W 008805	RATE LIMITS III
County Alle	gany			Registration Dist No
Village or City C	umberl	and. N	ſd	No. Allegany Hospital St. # Ward
The state of the s			(lí	death occurred in a hospital or institution, give its NAME instead of street and number)
			yrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
	ry F.H			If U. S. Veteran, specify WAR.
(a) Residence: No.	15.Cum	berlar	id. St Ci	ty St., / Ward.
		(Usual place		If nonresident give city or town and State
PERSONAL AND S				MEDICAL CERTIFICATE OF DEATH
Female Whi	te	OR DIVORCE	PARIED, W100WED, Downite tha word)	21. DATE OF DEATH Mar. 4.1936 (Month) (Oay) (Year)
5a. If marriad, widowed, or diverced HUSBANO of (or) WIFE of	t.E.Ha	hn.		22. THEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and	year) Oc	t. 4.	1872	1936, to 1936 I last saw h.E.T. alive on 3 3 ,19 ; death is said
7. AGE Years 63	Months 5	Oays	if LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc.				Carrinona o uterns 1933
work was dona, as SILK	h MILL.	• • • • • • • • • •		
SAW MILL, BANK, etc	t d	SDE	ime (years) ntin this upation	
12. BIRTHPLACE (city or town) Md (Stata or country)		Md	Other Contributery Causes of importance: Carel No Male SIS	
13. NAME James	. Hook			
13. NAME James 14. BIRTHPLACE (city or town) (Stata or country)		Md		Name of operation None Date of Date of What test confirmed diagnosis?
15. MAIDEN NAME	Dont R	now		23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Dont	, Know		Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (State or country)				Where did injury occur?
17. INFORMANT Robert . F. Hahn (Address) Cumberland . Md				(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOV	icke	Date Mar	.6.1936	Manner of injury New Nature of injury
J.T.	ohn.C.V			Nature of injury.
19. UNDERTAKER	Cumber			24. Was disease or injury in an Way related to occupation of deceased?
20. EN SIMILA 5, 1996	11/	Fran	Sh. In Al Registrar.	(Signed) (Address) AD S CEALTRE ST.
4	If more blan	ks are needed.		2411 N. Charles Street, Baltimore, Regylesting U. S. No. 1.

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Example I	- 1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS B	BY	PHYSICIAN
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No. 1	MARGIN RESERVED FOR BINDING	(M) (S)
WRITE PLAILY,	WRITE PLAILY, WITH UNFADING INK-THIS IS A PERMANENT MICK D. Every item of infor-	rece D. Every item of infor-
mation should be car	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	Y. PHYSICIANS should state
CAUSE OF DEATH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	Exact statement of OCCUPA-
TION is very import	TION is very important. See instructions on back of certificate.	

1. PLACE OF DEATH			
	3 × 24436		
County Alexany	Registration Dist. No.		
Village or City Ge or ptown	ND. St., Ward		
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds		
2. FULL NAME Pobert Lee Haines	If U. S. Veteran, specify WAR		
(a) Residence: No.	St., Ward,		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Man 27 , 1936 (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTLEY. Thet I attended deceased from man. 21 136, to hum 27 136		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h_171_ alive on		
8. Trada, profassion, or particular	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importanca were as follows: Date of onset		
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc	Prematurity 3/2 luo. 3-71-3		
1D. Date daceased last worked at this occupation (month and spant in this	-		
12. BIRTHPLACE (city or town) Cre Sup force (State or country)	Dther Contributory Causes of importance:		
13. NAME Curtis Blais Haves			
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Church Was there an autopsy?		
15. MAIDEN NAME Deady s doruge News 5 16. BIRTHPLACE (city or town) - 133 thong (State or country)	23. If daath wes due to extarnal causes (VIDLENCE) fill in elso the following:		
16. BIRTHPLACE (city or town) - From the town	Accident, suicida, or homicida? Date of injury, 19		
(State or country) 17. INFDRMANT ME C. 19. Occurrence (Address)	Where did injury occur? (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Place 28,109 6	Manner of injury		
19. UNDERTAKER (Addrass)	24. Was disaase or injury in any way related to occupation of deceased?		
20 FILEDERCH 28, 19 G / My Menuls Registrar.	(Signad) (Addrass) 40 M. Full 1 5 f. M. 1 (Addrass) 40 M. Full 1 5 f. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 11 1300	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	

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1. PL	ACE OF	DEATH	JF MAR		CERTIFICATE OF DEATH	7.5
Cou	unty	ALLEGAN	Y WII	HIN OORFO	Registration Dist. No.	
		CUMBERL		(li	No. MEMORIAL HOSPITAL St./	
Len	gth of residen	ce in city or town where	death occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsm	osds.
2. FUI	LL NAMI	Suffe	are t	Kell	R - 45	
(a)	Residence:	No. TERR	ALTA.		St.,Ward.	\
PE	PEONAI	AND STATIST	(Usual piáce o		If nonresident give city or town and	State
3. SEX		COLOR OR RACE	5. SINGLE, MARI		MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
MAI	Œ	WHITE	OR DIVORCED SINGLE	(write the word)	MARCH 27, 1936 (Day)	, 193 (Year)
HUSB	ied, widowed, AND of VIFE of	or divorced			22. HEREBY CERTIFY, That I attended	deceased from
					march 14, 1936, 10 (warch 2	7, 19 36
			MARCH 14		1 • 94 D 16	; death is seid
7. AGE	Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance	
107	0	0	14	ormin.	were as follows:	Date of onset
S 8. 118	kind of work	n, or particular done, as SPINNER, OKKEEPER, etc.				
9. Ind	lustry or busi	iness in which			Viennature Brite	wek
5/	SAW MILL, E	ne, as SILK MILL, BANK, etc			Tuos ,	14
10. Da	this occupation (ast worked at on (month and		t in this		
	year)			pation	Other Contributory Causes of importance:	
	PLACE (city or		RLAND, M	D•	,	- wale
1			TTT		gowall	2.7
E .		TATE	ILL	NT T A		-
14. BIR	(State or cou		ST VIRGI	NIA	Name of operation Date of	
2 15 MA	IDEN NAME	VIRGIN	IA BENSO	N	What test confirmed diagnosis? Was there an a	
=		MITTO			23. If death was due to external causes (VIOLENCE) fill in elso the following	
○ 16. BIR	(State or cou	ty of town)	T ATTENTIA		Accident, suicide, or homicide? Date of injury	, 19
17. INFORM			HOSPITAL		Where did injury occur?(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) ACE.
	1 4	UMBERLAND OR REMOVAL	, MD.			
Pa	elen	a alla	Wa Mc	W291936	Manner of injury	
19. UNDERT		SI Rit	Fike	1	24. Was disease or injury in any way related to occupation of deceased?	
1	diese	ra ala	and his	en vo	If so, specify	
20. FILED	which,	28,1936	Alle Alle	who Mh	(Signed)	M. D.
				Registrar.	(Address) - Oew weend A	~~

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial rephritis APR 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IND-I HIS IS A I ENMANDING INCOME. EVELY INCOME.	E should be stated EXACTLY. PHYSICIANS should stat	it it may be properly classified. Exact statement of OCCUPA	1
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2112	pe	be	Je
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UNI	she	it 1	n h
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Jutside of (820) × 2445
County allegung	Registration Dist. No.
Village or City Spring Safe Ind	No. Otty Jimits St., War death occurred in a horotral or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME John & Styleson. (a) Residence Co.	St., Ward String Staff mo
(Usyal place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonfordent give city of town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Musice of	March 23, 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, and year) afrail 29 1863	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
72 10 26 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Rade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Kenserhage
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Housed dedd use
11. Total time (years) this occupation (month and year) year) 12. Total time (years) spent in this occupation	were an area quesare
12. BIRTHPLACE (city or town) Sheing Safe	Other Centributery Canses of importance:
(State or country)	-
13. NAME fames Hayson 14. BIRTHPLACE (city or town) - Harrowk	
14. BIRTHPLACE (city or town) Hamon	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Harrish Daniel 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
R'- 1 44'	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (MARKET ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Strang Japane Date Mor 25, 1936	Nature of injury
19. UNDERTAKER Common Stein Inc	24. Was disease or injury in any way related to occupation of deceased?
(Address) f. lenda do mo	If so, specify
20 Herek 2 4 1936 let Tranklin Mr. V.	(Signed) Ten Manufina Can M.
Registrar.	(Address) Oliver 240

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	1	Example II	() () () () () () () () ()
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contribute				
Other contributory causes of importance: Gallstones		May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

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County Co	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Length of residence in city in from where death occurred by yrs Length of residence in city in from where the world Length of residence in city in from where the world Length of residence in city of the whole occurred by yrs Length of residence in city of the whole occurred by yrs Length of residence in city of the whole occurred by yrs Length of residence in city of the property of the property occurred by yrs Length of residence in city of the yrs Length of residence in city of the property occurred by yrs Length of residence in city of the yrs Length of reside	1. PLACE OF DEATH	
(If death occurred in a bopiste of institution, give to NAME intered at street and number) 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No. (l) Residence: No. (d) Residence: No. (l) Residence: No. (d) Residence: No. (d) Residence: No. (l) Residence: No.	County Alsegary, WITHIN QU	Registration Dist. No.
Length of residence in city (rown) where death occurred 8		
(a) Residence: No. January (Usual) pipe of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SHORE, MARKED, Wileward, Or diversed on by Hone Countries to work on the control of the country of		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BRACE 5. SHORTE, MARRID, WINDOWN D. 6. DATE OF BIRTH (month, day, and/year) (Verr) 6. DATE OF BIRTH (month, day, and/year) (Detail) 7. AGE 7. A	2. FULL NAME Sparles Styl	ham Hoffa.
21. DATE OF DEATH 22. IT HE REBY CERTIFY. That I eltended deceased from 19. 10. 19. 11. 10. 19. 11. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		
OR. DISPREED (write the world) 50. If married, widowed, or divorced (Wonth) 50. If married, widowed, or divorced (USARIA) 61. DATE OF BIRTH (month, day, and year) 62. DATE OF BIRTH (month, day, and year) 63. Trade, profession, or particular (ISARIA) 64. DATE OF BIRTH (month, day, and year) 65. DATE OF BIRTH (month, day, and year) 66. DATE OF BIRTH (month, day, and year) 67. AGE 78. Wonth 78. Trade, profession, or particular (ISARIA) 88. Trade, profession, or particular (ISARIA) 89. January 99. Ja	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
59. If married, widowed, or divorced (HUSAND of (Or) WHE of MARTINE (CON) WHE OF BIRTH (month, day, and year) (Date of Sales) (Sales or country) (State or country) (OR DIVORCED (write the word)	3 /3 193 6
6. DATE OF BIRTH (month, day, and year) Oct 20 865 1 last saw h. alive on 19 ; death is said to have occurred on the date stated above, at. 2 d.m., 15 or	5e. If married, widowed, or divorced	(Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) (Date of Months) 7. AGE 8. Frade, profession, or particular find of work done as SPINNER date and a company of the profession of particular find of work done as SPINNER date and a company of the profession of particular find of work done as SPINNER date and a company of the profession of particular find of work done as SPINNER date and a company of the profession of particular find of work done as SPINNER date and a company of the profession of particular find of the profession	1. A MIPP 1 (1/1/2) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ug
3 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Julywas: Date of oneset	6. DATE OF BIRTH (month, day, and year) Oct 21 1865	
3. If rade, profession, or particular and the same of		
3. If rade, profession, or particular and the same of	70 3 /3 10ay,min.	ware as follows:
Housty or business in which work was done, as SILK MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month-pay yeer) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Stafe or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20	8. Trade, profession, or particular	Hevolor shot in the
11. Total time years) spenting this occupation (month-end year) spenting this occupation (particular year) State or country) Name of operation Date of What test confirmed diagnosis? Was there an eutopsy? May What test confirmed diagnosis? Was there an eutopsy? May Specify or town, country and State or country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Specify whether injury in eny way related to occupation of deceased? 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Specify was disease or injury in eny way related to occupation of deceased? Manner of injury Specify (Signed) Manner of injury in eny way related to occupation of deceased? Manner of injury in eny way related to occupation of deceased? (Address) Manner of injury in eny way related to occupation of deceased? (Signed) M. D. (Address)	Industry or husiness in which	1-1-1
Other Contributory Causes of importance: Other Contributory Other Contributory Causes of importance: Other Contributory Other	SAW MILL, BANK, etc	at new,
Other Contributory Causes of importance: Other Contributory Other Contributory Causes of importance: Other Contributory Other	this occupation (month and 1928 spent in this 45 year)	ex-,
(State or country) 13. NAME	1900	
13. NAME 14. BIRTHPLACE (city or town) (Stafe or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, 70R REMOVAL Place Allegant agusetup pie Place. 18., 19-3 b 19. UNDERTAKER (Address) 20. FILED 20. FILED 20. FILED 20. FILED 20. (Address) Name of operation. N		300 h 1171
14. BIRTHPLACE (city or town) State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Alegany Lagreetery Date (Address) 19. UNDERTAKER (Address) 20. FILED 14. BIRTHPLACE (city or town) (State or country) Name of operation What test confirmed diagnosis? Was there an eutopsy? 712 What lest confirmed diagnosis? Was there an eutopsy? 712 What lest confirmed diagnosis? Was there an eutopsy? 712 What lest confirmed diagnosis? Was due to external causes (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Nature of injury Nature of injury 19. UNDERTAKER (Address) Mass due to external causes (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Accident, suicide, or homicide alegans (YIOL ENCE) fill in also the following: Acc	~	- a mann'
(State or country) 15. MAIDEN NAME Manyantt Many	E Company	\
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Address 19. UNDERTAKER (Address) 20. FILED 3/16 3346 3346 3346 3346 3346 3346 3346 33		
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Allegant Queeter Date Mass. 18, 19-30 19. UNDERTAKER (Address) 20. FILED 3/16 33-16 33-16 (Signed) (Address) 21. Secify or town, country and Siate) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and Siate) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER (Address) 24. Was disease or injury in eny way related to occupation of deceased? (Signed) (Signed) M. D. (Address)	15. MAIDEN NAME Mark grate Idahaharta	
(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Address) 19. UNDERTAKER (Address) 20. FILED 3/6 3 6 3 6 7 7	- Teanguine Stephenson	
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Address) 19. UNDERTAKER (Address) 20. FILED 3/6 3 6 3 7 7 7 8 8 8 9 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
18. BURIAL, CREMATION, OR REMOVAL Place Alegany Conservation Date Mass. 18, 1936 19. UNDERTAKER (Address) 20. FILED 3/16 / 3	(B) (a) (d)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Allegany Conselery Date Mass. 18, 19-36 Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in eny way related to occupation of deceased? (Signed) (Signed) (Address) (Address) (Address) (Address)		
19. UNDERTAKER A CICLIANIA (Address) 24. Was disease or injury in eny way related to occupation of deceased? (Signed) (Signed) (Address) (Address) (Address)		Manner of injury
(Address) (Address) (Signed) (Address) (Address) (Address) (Address)	Place Little Square Little Secretary College Let Let Land 1950	Nature of injury
Registrar. (Address)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage GCO/7	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

(a) Residence: No. A

Length of residence in city or town where death occurred

County_

OCCUPA PHYSICIANS BINDING MARGIN RESERVED plnods

PERSONAL AND STATISTICAL PARTICULARS 3, SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word) 5a. If married, widowad, or divorced HUSBAND of 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Day: If LESS than I day,hrs. or min. were as follows: 8 Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. may back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Date deceasad last worked at 11. Total time (years) this occupation (month and spent in this occupation_ instructions 12. BIRTHPLACE (city or town) (Stata or country) 13. NAME 14. BIRTHPLACE (city or lown). (State or country) MOTHER important. 15. MAIDEN NAME in EATH State of country) Where did injury occur?___ be Should OF D 17. INFORMANI 18. BURIAL, CREMATION. LION 19. UNDERTAKER (Address) If so, specify ... 20. FILED. (Address)

(Usual place of abode)

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?_____yrs. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) CERTIFY. That I attended deceased from to have occurred on tha data stated abova, at., The PRINCIPAL CAUSE OF DEATH and related causes of importance Data of onsat What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Nature of injury_____ 24. Was diseasa or injury in any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onsat
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows: 1916 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

mi, Lando	
raccoxD. Every item of infor- Y. PHYSICIANS should state Exact statement of OCCUPA.	
FOR BINDING IS A PERMANENT stated EXACTL properly classified.	ertificate.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	ION is yory important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(57-0) × € 5 5 0
County Illegany	Registration Dist. No.
Village or City I hostburg	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s
24.11	(b Bino
2. FULL NAME II Mean Harry 7	X
(a) Residence: No. 151 Sark Wulling (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Makete Bakey.	21. DATE OF DEATH (Month) (Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6 DATE OF RIRTH (month day and year) Dev 4 1935	Hast saw has alive on MAV 3 196 death is said
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Devs If LESS than	to have occurred on the data stated above, at 5 2/1 m.
3 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Richets 77
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased lest worked at this occupetion (month and spent in this occupation occ	
12. BIRTHPLACE (city or town) & ckhart (State or country) maryland	Other Contributory Canases of importance:
13. NAME John Hopkins	
14. BIRTHPLACE (city/or town) & cklhart (State or country) ml.	Name of operation Data of What test confirmed diagnosis?
15. MAIDEN NAME Gladyo Bolinger	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) 6 Chland	Accident, suicide, or homicide? Date of Injury, 19
27. INFORMANT John Hopkins (Address) 151 Park. Avenue	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL Place allegan few Date May 6 1/4, 19 36	Manner of Injury
19. UNDERTAKER Janot The The Manager That and the Carte of the Manager That are the contract of the Carte of	24. Was disease or injury in any way related to occupation of declased?
20. FILED May . 6 , 19 36 a R. Walker, M. Registrar.	(Signed) M. C. (Address) Frankfung M. C.
If more blanks are needed, address State Registrar,	, 2412 N. Charles Street, Balimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	Svery item of infor- IANS should state ment of OCCUPA-
	T RECORD. 1 , Y. PHYSIC Exact state
BINDING	PERMANEN d EXACTI rly classified. cate.
D FOR	IS IS A e statede prope
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
Ħ	MATTE PLA mation should CAUSE OF D TION is very

STATE	OF	MARYLAND-CERTIFICATE OF	DEATH
DEATH		WITHIN CARROLLTE INCOME (06-2)	20

1. PLACE OF DEATH	WITHIN CORP	ORATE LIMITS TOE a 20 2449	/
County (Muyany		Registration Dist. No.	
Village or City Comme	herland.	ND. Manual Manual Manual St., if death occurred in a horpital or institution, give its NAME instead of street and	6-/ Ward
Length of residence in city or town where		s. 2-6ds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME Gerald	ine many Hore	1f U. S. Veteran, specify WAR	
(a) Residence: No. 127	les sont	St. 6 - 2/Ward.	
(a) Residence. No. 7 / 1	(Usual place of abode)	If nonresident give city or town an	nd State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Lucide 24 (Month) (Day)	, 193 (
5a. If merried, widowed, or divorced HUSBAND of		(month) (bay)	(lear)
HUSBAND of (or) WIFE of		1 HEREBY CERTIFY, That I attende 25 1936 to March 26	
6. DATE OF BIRTH (month, day, and year)	r 3 1935	Hast saw her alive on preach 29 1936	e; deeth is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
0 4	1 day,hrs.	THE PRINCIPAL CROSE OF DEATH and Leigten causes of Importance	
8 Trade profession or particular	76 ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Gome		- wel-
9. Industry or business in which		Brondes Vuennoma	22
work was done, es SILK MILL, SAW MILL, BANK, etc			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (yeers) spent in this occupation		
1 ,,,,,	2	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	reland of	· · · · · · · · · · · · · · · · · · ·	
(State or country)	Mrd.	Maluntulion	
13. NAME / 14. BIRTHPLACE (city or town)	ndson.	Machiner	
4 14. BIRTHPLACE (city or town)	meland ?	Neme of operation Dete of_	
(State or country)	ma	What test confirmed diagnosis? Wes there er	autopsy?
# 15. MAIDEN NAME Stall 13	linger	23. If death was due to external causes (VIDL ENCE) fill in also the followi	ng:
16. BIRTHPLACE (city or town)	at ton 122	Accident, suicide, or homicide? Date of injury	
∑ (State or country)	1 11.Va	Where did injury occur?	
17. INFORMANT ASSESSED 12.7 STEE	molom.	(Specify city or town, county and Si Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC F	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	rain yr.	Manage of injury.	
Place Drewmont	enode: 3/3/ ,1936	Manner of injury	
19. UNDERTAKER Louis Sten	Ine.	24. Was disease or injury in any way releted to occupation of deceased?	
(Address)	estand.	If so, specify	
20 Justarch 30, 1936 Ja	of Thenkly my	(Signed) Q. h. Jueur	М. D
20,14,0000000000000000000000000000000000	Registrar.	(Address) Churchsland U	الما

V. S. No. 1

1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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31	ample-l-			Example II	
The principal cause of dea of importance were as follows	h and related c	adses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 7	1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis			1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes					
	of importance:			Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

	County	Allegan	v WIT	HIN CORPOR	Registration Dist. No.
	Village or City	Cumber	land. Md	(If	No St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds
2	FULL NAM				Total Control of Contr
4.	(a) Residence		en Karns (Usual place	and	St., / Ward. If nonresident give city or town and State
	PERSONA	L AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SI	Male 4	. color or race White	5. SINGLE, MAR OR DIVORCE Mar	RIED, WIDOWED, D (write the word) Led	21. DATE OF DEATH Mar. 30, 1936 193 (Month) (Day) (Year)
5a. l	f married, widowed, HUSBAND of (or) WIFE of	or divorced Irene.G	arland		22. HEREBY CERTIFY. That I attended deceased fro
6. D	ATE OF BIRTH (mo	nth, day, and year) De	ec. 29	.1872	I last saw h_{M_elive on 3/30 , 1936; death is sai
7. A		Months 3	Days	If LESS than I day,hrs. ormin.	to heve occurred on the date stated above, at2
2		n, or particular done, as SPINNER, OKKEEPER, etc.	Retir	ed.	caused by overexenting. Tensor 4/0/19
	SAW MILL,	ne, as SILK MILL, BANK, etc		enter	Crimary Cause: Chronic myocarditis
री		ast worked at on (month and	sper sper	ime (years) ntin this upation	T
12. 1	BIRTHPLACE (city o (State or country		Pa		Other Contributory Causes of importance:
×	13. NAME	Freeman .	Karns	1	
FAIHER	14. BIRTHPLACE (c (State or co	ty or town)	Pa.		Name of operation Date of What test confirmed diagnosis? AUSELLTATION Was there an au'opsy? N
HER	15. MAIDEN NAME	Dorthy.	Witfield	đ	23. If death was due to external causes (VIOL ENCE) fill in also the following:
30	16. BIRTHPLACE (ci (State or co	ty or town)		Pa	Accident, suicide, or homicide?
17. 1	NFORMANT	Irs.Irene. Cumber		3	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. f	Place	, OR REMOVAL	Date And	ri 1 . 7 . 10 2	Manner of injury
19. (INOERTAKER	John.C.V			Nature of injury 24. Was disease or injury in eny way plated to occupation of deceased? If so, specify

V. S. No. 1

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The principal cause of death and related of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage The principal cause of death and related of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	
Cerebral hemorrhage ARR 1930 July 5,1927 Peritonitis	causes Date of onset 1 week ago
Cerebral hemorrhage July 5,1927 Perilonius	1 week ago
BUREAU V. S.	3 days ago
The state of the s	
Other contributory causes of importance: Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis	1 year

- Li		

>	V. S. No. 1	1	MARGIN	RES	ERVE	A	FOR	MARGIN RESERVED FOR BINDING
ż	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	WITH	UNFADII	NG IN	K-TI	IIS	IS A P	ERMANEN
	mation should be carefully supplied. AGE should be stated EXACTL	efully	supplied.	AGE s	plnous	be	stated	EXACTL
1	CAUSE OF DEATH in plain terms, so that it may be properly classified.	in plain	n terms, so	that i	t may	pe	properly	r classified.
1	TION is very important See instructions on back of certificate	S tue	an instructi	one on	Joed .	of o	ertifica	4

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	5451
County allegany	Registration Dist. No. 6
Village or City Met Coole	NoSt.,Ward
Length of residence in city or town where death occurred. 25 vrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME (Reflecca Jame Keeseck	
So A D Sol	X
(a) Residence: No. //c Cool (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female orbite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 (Pear) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Keesecher 6. DATE OF BIRTH (month, day, and year) Jones 1 1863	22. HEREBY CERTIFY. That I attended deceased from Jeburary 18, 1936, to March 1, 1936. death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et. 5 45 A.m.
V2 9 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Cardiac asthing Date of onset 2/18/36
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Engina Rectoris
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) North, Mountain	Other Contributory Causes of importance:
(State or country), Juguna	
13. NAME disam Weller	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME MRILOWN	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
(Address) Box 53, Kuyer, W. Ja	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Gueer point Date March 4, 1936	Nature of Injury
19. UNDERTAKER 1. J. N. J. N. J. J. J. G. (Address)	24. Was disease or injury In any way related to occupation of deceesed? 720
Man 1/3/1 (197) 0.34	(Signed) E.G. Courses M.D.
20. FILED PAR 1986 W J X Mysmus Registrar.	(Address) / Key see W. Va.
If more blanks are needed address Seate Periode and	and N. Charles Street Patrices Program Review Review

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year
			1

should state

D. Every item of infor-

Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. IS UNFADING INK-THIS MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. WRITE PLAI

V. S. No. 1 M

Bostone 120, 1036

STATE OF MARYLAND—CERTIFICATE OF DEATH 2452 1. PLACE OF DEATH County		
County		PARTITION DEATH 2452
Village or City. Length of residence In city or town where death occurred with a borpital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred yrs. mos ds. How long in U. S. If of foreign birth? 2. FULL NAME (a) Residence: No. (Usus place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 7. ACE Years Months Days If LESS than 1 day, most state which day, and year) Frade, profession, or particular NELLES than 1 day, min. S. Trade, profession, or particular Frade profession, or particular S. HOW ROOM, And Control of the date stated above, at. 1. 30 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset S. HOW ROOM, A state and number) The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Other Costributory Casses of Importance: Other Costributory Casses of Importance:		
Length of residence in city or town where death occurred yrs mos ds. How long in U. S. if of foreign birth? yrs in U. S. if o	Village or City	
22. FULL NAME (a) Residence: No. (businglace of abode) (c) Usual place of abode) (d) St., Ward. (e) PERSONAL AND STATISTICAL PARTICULARS S. SEX (a) COLOR OR RACE (b) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (b) OR DIVORCED (write the word) (c) Wilfe of Month) (d) Month) (d) Month) (d) Month) (e) DEATH 21. DATE OF DEATH 22. (e) HE REBY CERTIFY, That I attended deceased from the state of above, at. Months of min. (e) DATE OF BIRTH (month, day, and year) (f) Wilfe, Blook REPER, etc. (g) Industry or business in which spant in this occupation (month and year) (g) Oate deceased last worked at this occupation (month and year) (g) State or country) (g) State or country) (g) It as aw h. Months occupation (month and year) (g) State or country) (g) State or country) (g) It as aw h. Months occupation (month and year) (g) State or country) (g) State or country) (g) It as aw h. Months occupation (month and year) (g) State or country) (g) State or country)	(It	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. (Usual place of abode) (If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. 7 I HEREBY CERTIFY, That I attended deceased from (Nonth) (08y) (Wonth) (08y) (Yest) 22. 7 I HEREBY CERTIFY, That I attended deceased from the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated above, at 19.3 (death is said to have occurred on the date stated	Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
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PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Color Wife of		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of ACCEPT IFY. That I attended deceased from 193 22. I HEREBY CERTIFY. That I attended deceased from 193 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. STrade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 9. Industr		
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of MILES (Companies) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 9	the state of the s	2 / (0 - 193 /
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset Sawyer, BookKeeper, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) (State or country) 13. NAME THE REBY CERT IFY, hat I attended deceased from 19. 1889 I last saw h limited above, at limited above, at limited above, at limited accuses of importance 10. Date of onset 11. Total time (years) spant in this occupation Other Coutributory Causes of Importance:		
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 2. Trade, profession, or particular kind of work done, as SPINNER, sawyer, Bookkeeper, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) (State or country) 13. NAME 14. Trade, profession, or particular lady, hrs. or min. 15. Trade, profession, or particular were as follows: 16. Date of onset 17. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 18. Trade, profession, or particular were as follows: 19. Industry or business in which work was done, as SILK MILL, saw with the company of the date stated above, at 2.3.0 m. 19. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 19. Industry or business in which work was done, as SILK MILL, saw with the company of the country of the country of the country of the country of the date stated above, at 2.3.0 m. 10. Oate deceased last worked at this occupation (month and year) 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country)	(or) WIFE of NELLIZ [TELLY	22. 7 HEREBY CERTIFY, That I attended deceased from
7. AGE Years Months Days If LESS than 1 day, hrs. or min. 2. Trade, profession, or particular kind of work done, as SPINNER, sawyer, Bookkeeper, etc. 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) (State or country) 13. NAME 14. Trade, profession, or particular lady, hrs. or min. 15. Trade, profession, or particular were as follows: 16. Date of onset 17. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 18. Trade, profession, or particular were as follows: 19. Industry or business in which work was done, as SILK MILL, saw with the company of the date stated above, at 2.3.0 m. 19. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 19. Industry or business in which work was done, as SILK MILL, saw with the company of the country of the country of the country of the country of the date stated above, at 2.3.0 m. 10. Oate deceased last worked at this occupation (month and year) 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) 12. BIRTHPLACE (city or town) (State or country)	6 DATE OF RIPTH (month day and year)	Hart saw h Amelice on 3 6 192/ death le caid
Trade, profession, or particular kind of work done, as SPINNER, Rully IbMissions in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME		1:300
S. Trade, profession, or particular kind of work done, as SPINNER, Red. 10. No. 10. No		were se follows:
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME	& Trade, profession, or particular	Date of onset
work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME	SAWYER, BOOKKEEPER, etc.	6
10. Oate deceased last worked at this occupation (month and year) ————————————————————————————————————	work was done, as SILK MILL,	Drouges Irombon dum
year) occupation Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State or country) 22 13. NAME	10. Oate deceased last worked at 11. Total time (years)	/435
12. BIRTHPLACE (city or town) (State or country) 22 13. NAME Frant Kindedst		
(State or country) Let 13. NAME Frank Kinkedst	12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
E 13. NAME Frank Cinteger		
	13. NAME Frank Cinhader	
A 14. BIRTHPLACE (city or town) Date of Date of		Name of operation Date of Date of
(State of country) What test confirmed diagnosis? Was there an autopsy?	(State of Country)	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy? Was there are autopsy. Was there are autopsy. Was the
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of Injury 19. Maident, suicide, or homicide?	15. MAIDEN NAME / MOXSON Withthe	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Date of Injury 19 C State or country)	16. BIRTHPLACE (city or town)	
17. INFORMANT	17. INFORMANT Rayman Trintafor	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL		
Place St PSI t Paul Date AMOID. 19] Nature of injury		
1 - CI Ward of mains	1 / (11/2)/ 4	
19. UNOERTAKER 24. Was disease or injury in any way related to occupation of deceased? VO.	11 11 11 11 11 11 11 11 11 11 11 11 11	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JABURI ATTV	9 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		*	
The state of the s	- 200		1 1 1 1 1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
- William Control			
			100000

STATE OF	MARYLAND—CERTIFICATE OF DEATH	
SINIL OF	MARILAND CERTIFICATE OF DEATH	

34-41

1. PLACE OF				(183) war 2/36	
County	Allegany			Registration Dist. No.	5
	ity Pinto		7 yrs 6 mos	No. St., f death occurred in a horpital or institution, give its NAME instead of street and s. How fong in U.S. if of foreign birth? yrs	Ward number) nosds.
	ME Thomas	Harman l	Kitzmiller	X	
		Villiams (Usualplace	of abode)	St., Ward. If nonresident give city or town and	d State
	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	White		RIED, WIDOWED, D (write the word) ied	21. DATE OF DEATH March 9 (Month) (Day)	., 1936 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	Degate M			22. I HEREBY CERTIFY, That I attended March 9 ,19.36, to	
6. DATE OF BIRTH (7. AGE Year 36	rs Months	Days 24	If LESS then 1 day,hrs.	I last sew h, 19, 19, 19, 10 have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	; death Is said
A rade, profes kind of w SAWYER, O Industry or I Work was SAW MIL Jo. Date decease this occup	sion, or particular ork done, as SPINNER, BDOKKEEPER, etc	Carpenter B. C. R. F. 11. Total ti		Accidental drowning Drowned at pinto, Md. Potomac river ANIANE MARKET	Date of oncet
(State or coun			. Va.	this thus,	
C	Geo. A. Kitzm			1 4	
14. BIRTHPLACE (Stete or	(city or town) Mt.		Va	Name of operation Dete of Whet test confirmed diagnosis? Was there an	
15. MAIDEN NAM	ME Susan M.	Blactshu	re	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (State or	(city or town) Burl	ington,	Va.	Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT (Address)	Mrs. Bess Keys	ie M. Kit er, W. Va		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	te) .ACE.
18. BURIAL, CREMATI Place Key				Manner of injury	
19. UNDERTAKER (Address)	J. H. Mark Keyser, W.		3	24. Was disease or injury in any way related to occupation of deceased?	D
20. FILED May	4, 19 36 M.		leter Registrar.	(Signed) (Signed) (Address) (YUND Trush	- mi

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 955	July 5, 1927	Peritonitis	3 days ago	
NOON	0			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

is very important. See instructions on back of certificate.

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	1) and	jack.
	INDING	RMANENT MCCOMD. Every item of info	X A C T L Y PHYSICIANS should sta

STATE	OF MARY	LAND-	CERTIFICATE O	F DEATH	
1. PLACE OF DEATH	WITHI	CORPOR	ATE LIMATER (59)	20 645	3
County Allegany				Registration Dist. No.	4
Village or City Cumber	land, Md.		No. Memorial Ho	ospital st,	6 -/ Ward
Length of residence in city or town whe	re death occurred 5.7	yrsmos	1.Q.ds. How long in U.S. If of for		
2. FULL NAME Mrs. El	lizabeth K	rausz	If U. S. Veteran, spe	ecify WAR	
(a) Residence: No. 641 St	river Ave (Usual place of	City	St., / Ward.	If nonresident give city or town	and State
PERSONAL AND STATIS	STICAL PARTIC	ULARS	MEDICAL CER	TIFICATE OF DEAT	Н
Female 4. color or race	5. SINGLE, MARRI OR DIVORCED Marri	(write the word)	21. DATE OF DEATH March	13, Month) (Day)	, 193.6 (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of John H. I	Krausz		· ·	CERTIFY. Thet atten	nded deceased from
6. DATE OF BIRTH (month, day, and year)	alml	1878	I last saw ber alive on 72	earch 13,19.	36; death is sain
7. AGE Years Months	Days	If LESS than	to heve occurred on the date stated al		
57		1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH e were as follows:	nd related causes of importance	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER,	Housewif	•	2411111	worth an	
SAWYER, BOURKEEPER, etc	TOUSENTI	0	Jange	Jest sey	Febro
work was done, as SILK MILL, SAW MILL, BANK, etc.			Diste	tic gangrins)	A
10. Data deceased last worked at this occupation (month and year)	11. Total tim spent occup	e (years) in this ation			
12. BIRTHPLACE (city or town)Ma	ewland		Other Contributory Causes of Importal	nce:	
(State or country)	L-y-1-CLISA		Liabete	Q	1935
13. NAME Henry Hoen:	icko				
14. BIRTHPLACE (city or town)	Maryland		Neme of operation	Date	of
(State of Country)			What test confirmed diagnosis?	Was there	en eutopsy?
I	Librant		23. If death wes due tu external causes		
16. BIRTHPLACE (city or town)	Maryland		Accident, suicide, or homicide?	Date of injury	, 19
			Where did injury occur?	(Specify city or town, county and	d State)
17. INFORMANT John H. K.	rausz ive ve.	C++++	Specify whether injury occurred in IN	IDUSTRI, III NUME, OF IT PUBLI	C PLAUE.
18. BURIAL, CREMATION, OR REMOVAL	10	CILY	Menner of injury		
Place Fellerest los	m Date mark	16,1936	Nature of injury		
19. UNDERTAKER LINES St.	In Ina		24. Was disease or injury in any way	related to occupation of deceased]?
(Address) com	fred;		If so, specify	0/-0-00	kis-
20. Fullarch 14, 1913	tass oftra	when m	(Signad)	Lepland .	red M. I
7/		Registrar.	(Address) Luce		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	- 6	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis ADD 7 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURPAU V. 8				
Other contributory causes of importance:	ELF-MA	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

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Example I		Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 7 1936	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

properly classified.

pe

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

EWRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.D V - 2455
County allegang WITHIN CORPOR	Registration Dist. No.
Village or City benderded mcl	No. 1/17 allegand St., Ward
	death occurred in a hospital or institution five its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME albert broses Lighter	rating Lichtenstein
(a) Residence: No. // N allegone	St., // Ward.
(Youlplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
male White Married (write the word)	mar. 17 ,193 6
5e. If married, widowed, or divorced	(Month) (Day) (Yeer)
(or) WIFE of friends ce That Freese	22. HEREBY CERTIFY, Thet I ettended decessed from
6. DATE OF BIRTH (month, dey, end yeer)	1 last saw h 1.77 elive on has 17 , 1936; deeth is seid
7. AGE Years Months Days II LESS then	to have occurred on the dete stated above, at 7:45 pm.
66 16 A 4 0 28 O1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
_ 8. Trede, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Cients Ingocardial failure 3-17-36
work was done, as SILK MILL, SAW MILL, BANK, etc.	0 t
10. Dete deceased lest worked et this occupetion (month and spent in this	Pratient dropped dead & premously in good
yeer) occupetion	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Cambridge Md (State or country)	Shock: Recoived news of destruction of his
13. NAME Bushen Gentlem	- drugestore & Ly Gloods
E OCCUPANTAL DE LA CONTRACTION DEL LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE	Name of the Parties o
14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation
15. MAIDEN NAME Sarah Hush	23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Is am Husk	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Addre	Menner of injury
Place Comhecland Date Mar 20, 1936	Nature of injury
19, UNDERTAKER Fasing Stein Eng.	24. Was disease or injury in eny wey releted to occupation of deceased?
(Address for hipfund med	If so, specify
20. Kolarch 19,1036 John Manklen Mit	(Signed) Within to force M. D.
Registrar	(Address) 40 h. outsty

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Example James Cornel Total State of Marie Constitution of the		Example II		
The principal cause of de of importance were as fol	ath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2000 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1, 1 1300	1921	Run over by street car	1 week ago
Cerebral hemorrhage	WINEAU V. S.	July 5,1927	Peritonitis	3 days ago
e specie	AND THE RESIDENCE OF THE PARTY			
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Items 5a, 6 and	7 changed by	letter Il	Lled 4-15-36	under D	c.JonesL

WRITE PLAINAY, WITH UNFADING INK-THIS IS A PERMANENT MECOND. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. AGE should be stated EXACTLY. mation should be carefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDING MARGIN RESERVED

V. S. No. 1 B

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County allegary SIIWI) 31V8088	Registration Dist. No. 4
Village or City Currenterland	No. allegary Grafital St., 4 Ward
Length of residence in city-or town where death occurred by yrs	death occurred in a hospital or institution, give its NAVIE instead of street and number)
2. FULL NAME Anna Catherine &	indires!
(a) Residence: No. 487 goethe	St., 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Hangle White OR, DAVORCED (rarrie the word)	21. DATE OF DEATH LAT 2/st. (Month) (Day) (Year)
5a. If married, widowork or divorced HUSBAND of (or) WIFE of Convende Andres	22. I HEREBY CERTLEY, That I attended deceased from Mar 2 1936 to 2 1936
6. DATE OF BIRTH (month, day, and year) Ser 6 18:5.3	I last saw bev alive on Trear 20, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
87 4 15 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	and mys cardial (Regeneration 1934
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	due to thront a off
13. NAME Itm. Schroeder.	artery.
4 14. BIRTHPLACE (city or town)	Name of operation Computation of Rleg Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
I6. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Joseph In Indian	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Sto Letter Lands belon 3/23, 1936	Manner of injury
19. UNDERTAKER Armis Stern Jose - (Address)	24. Was disease or injury in any way related to occupation of deceased?
20 Seech 2 3, 1936 Ja S. Asankle M.C.	(Signed) ("M/e)revasters, M. D. (Address) surferland, Med,
If we like the like t	N. C. J. C. D. L.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. -WRITE PLA

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH County Military	WITHIN CORF	PORATE LIMITS (93-2) X 245	i
1 4 11	y '	Registration Dist. No.	7
Village Dr City Lawrelens	and.	No. Addition St., 6 f death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Length of residence In city or town where dea	th occurredyrsmo	sds. How long in U.S. If of foreign birth?yrsm	aumber)
2. FULL NAME Roy	1:11	J 30	/505,
,/)	NICE.		
(a) Residence: No.	(Usual place of abode)	St. 6 -2-Ward.	
PERSONAL AND STATISTIC		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
	S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
Q. 1. 11/1-4	OR DIVORCED (write the word)	murch 14	100 G
5a. If married, widowed, or divorced	Wishing	(Month) (Day)	(Yeer)
HUSBAND of (or) WIFE of	111	22. I HEREBY CERTIFY, That I attended	danaged from
(II) WIFE OF FIRM AND	lle	Sept 3 1935 10 maner	
5. DATE OF BIRTH (month, day, and year)	11 7 1875	I last saw h_er alive on worth // 1936	1
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	; death is said
60 6	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Trade profession or particular	ormin.	were as follows:	Data of onsat
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	to marke.	Catalan Catalan	2/14/
9. Industry or business in which		<u> </u>	
work was done, as SILK MILL, SAW MILL, BANK, etc	-		
1D. Date decesed last worked at this occupetion (month and year)	11. Total time (years) spent in this occupation		
0		Dther Contributory Causes of importance:	1
(State or country)		In pertureau	
1 1 0 1		There is a second ,	
10000		•	
14. BIRTHPLACE (city or town)	- G J	Name of operation Dete of	
(State or country)	me.	Whet test confirmed diagnosis? Was there an ad	utopsy? leo
15. MAIDEN NAME Julia Se	small.	23. If death was due to external causes (VIDLENCE) fill in also the following:	
15. MAIDEN NAME AND SE 16. BIRTHPLACE (Style or county)	A	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	anom.	Where did injury occur?	
7. INFORMANT Atma Stern	Inc.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) Email	neud.		
8. BURIAL, CREMATION, OR REMOVAL	0 1 11 01	Menner of injury	
Place there is the colons.	Date Mas/_/6,1926	Nature of injury	
9. UNDERTAKER TIMO Sterning. (Address)	9 ms	24. Was disease or injury in any way related to occupation of deceased?	ho
0. FILEGranch 14, 1936 Jac	Franklin M.	(Signed) John K Cosum	∠ . M. D.
	Registrar.	(Address) 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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	Example I		Example II	
The principal cause of do of importance were as for Arteriosclerosis	eath and related causes llows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	4 = 2 = 1 = 1 = 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	(A3117)	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	Mary Haller English			
		1		1

ADDITIONAL SPACE FOR FURTHE	STATEMENTS	BY	PHYSICIAN
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V. S. No

STATE	OF	MARVI	AND-	CERTIFI	CATE	OF	DEATH
SIAIE	UL	MALIL	AIVU.	CENIII	CALL	OF	DEALE

1. PLACE OF DEATH	WITHIN CORPOR	ATE 114178 (22-22) 24 24 24 24
County Allegann	WITHIN CONFOR	Registration Dist. No.
Village or City Commontal	and o	No. Internal Afficial St., 6 -/ Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death		sds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME of oras X	nan-Lona	If U. S. Veteran, specify WAR
(a) Residence: No. 620 And	mtreel 1	St.6 -2 Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hangle White 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (arch 2), 193 (Month) (Dat) (Year)
5a. If married, widowed, or divorced HUSBANO of	0	
(or) WIFE of James R.	ting.	22. I HEREBY CERTIFY, That I attended deceased fr
0	1000	last saw hall alive on 21 and 26, 1936; death is si
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.
47 10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ormin.	were as follows:
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	mount	3-23
PV	0	Junga grand
work was done, as SILK MILL, SAW MILL, BANK, etc.		
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
On	00	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	· Val.	Chr My ocarolit: 3-27
13. NAME John Wind	111:	the file the fremaning
I IS. HAME TO WAR	russ	
14. BIRTHPLACE (city or town)	10-1	Name of operation
(State of country)	1	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Magnet	7	23. If death was due to external causes (VIOLENCE) fill in also the following:
	1	Accident, suicide, or homicide? Oate of injury19
(State or country)	mpnnn.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT JAS R. LAS	g.	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Combal	and.	
18. BURIAL, CREMATION, OR REMOVAL	1 3/2, -1	Manner of injury
Place Mt Muman Co	med 3/31,1936	Nature of injury
19. UNDERTAKER Assaultus	Ine.	24. Was disease or injury In any way related to occupation of deceased?
Joseph 30., 1936 Jak	P. Brankler Me.	(Signed) J', Million M. (Address) and had
If more blan		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
-,	,,	-7 C

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
And the same of th				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(D) (D) (D) (D)
County alleganes	Registration Dist. Np.
-C 110 X	2- B 00
Village or City The City (If	ND. 30 St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME John Love	If U.S. Veteran specify WAR
(a) Residence: No. 70 Beall	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DLVORCED (wpie the word)	21. DATE OF DEATH
Male While Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	227 HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	11/el 7 1976 to 14 cl// 1936
6. DATE OF BIRTII (month, day, end year) aug 9 1918	I last saw h Shive on 17 cl // 193 & death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.9.m.
7 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Well as Illings. Data of onset
kind of work done, as SPINNER, Jahonne	
work wes done, as SILK MILL, W. P. a. Proyect	
11. Totel time (tears) spant in this year) - Walter 1936	
Frathera	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	()- 60.0
# 13. NAME Peroy Pove	
E C	Name of operation
14. BIRTHPLACE (city or town) Contact 14. Birthplace (city or town	What test confirmed diagnosis?
# 15. MAIDEN NAME Mellie Mae Ort	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Mellie was Ort 16. BIRTHPLACE (city or town). William Willia	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did Injury occur?
7/200's Line	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
17. INFORMANT (Address) 30 Beale	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place allegany en Date March 1936	Nature of injury
19, UNDERTAKER Jacof Hall	24. Wes disease or injury in any way related to occupation of deceased?
(Address) / Fursthinge ha,	If so, specify
20. FILED 3/13 1936 a. 1. Machin	(Signed) M. D.
Registrar.	(Address) (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: APR 2 1146 Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis BURFAIL V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. TION is very important -WRITE PLAK

OFFICIAL OF BEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
all annual	CHATE CHARVE (3) 2411
Village or City	No. Allegany For St., Y Wa
Length of residence In city or town where death occurredyrsmos	death occurred in a horpital or institution, give in PAME instead of street and number) ds. How long in U.S. if of foreign birth?
(a) Residence: No. (Usual place of abode)	cla Franky R - 35 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RICE 5. SINGLE, MARRIED, WIDDWED, ON DIVORCED (write the mortd)	21. DATE OF DEATH Ware (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended accessed from
DATE OF BIRTH (month, day, end year) Def 31 1864	I last saw h. 27. alive in
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trada profession or particular	ware as follows: Date of any order of the state of the s
kind of work dona, as SPINNER, SAWYER, BDDKKEFPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this occupation	_\\
2. BIRTHPLACE (city or town) Maryland (State or country)	Other Compributory Courses of importances of the truston 3 + 14
13. NAME harles faufaugle	del te on acite chologotetro
14. BIRTHPLACE (city or town) Search (State or country)	Nama of operation
15. MAIDEN NAME atia Stevendla	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME L'A Shoemallar 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
7. INFORMANT Legy master	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Steries Pa pate Man 2 4, 1936	Manner of injury
9. UNDERTAMER Coming Storing Storing.	24. Was disease or injury in eny way related to occupation of deceasad?
Rayl 23,36 Ja Polant M. M.	(Signed) Cames M. M.

V. S. No. 1

Ë ż

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 7 1900			
Other contributory causes of importance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	May 1,1923	Gastroenteritis	

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPAstated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT cause of DEATH in plain terms, so that it may be properly classified. FOR BINDING MARGIN RESERVED

TION is very important. See instructions on back of certificate.

WRITE PLAI

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County aller and	Registration Dist. No.
Village or City 1 Dave thank	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
0 2 20	
2. FULL NAME Tour Me Case	1 Wans
(a) Residence: No. / J 4 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White This This	21. DATE OF DEATH Man 18 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of and Mc Caughan	22. I HEREBY CERTIFY, That I ettended deceased from 1870-8 19 00 W. Ch., \$21935
6. DATE OF BIRTH (month, day, and year) June 1621845	I last saw h 1 alive on March 1 8 4, 19 3 6, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 1.30 m.
88 9 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Tride, profession, or particular kind of work done, as SPINNER, Reture & Col Mine SAWYER, BOOKKEEPER, etc.	A later 2
	- Systematics
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years) this occupation (month and year) 12. Total time (years) spent in this 50 occupation	
	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town) Scalland	
13. NAME Jahn	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Ireland	What test confirmed diagnosis? Lind Wes there an eulopsy? n
15. MAIDEN NAME Bridget Brant	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Sudget Brant 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?Date of injury, 19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs May formers (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Develous Date Mar 19, 1936	Nature of injury
19. UNDERTAKER J.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Mar. 19, 19 36 a. R. Walker. Us a. Registrar.	(Signed) a. R. Walker M.D. (Address) Frankling m.L.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Date of onset

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example 1	li li	Example 11	
The principal cause of importance were a Arteriosclerosis	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	A PROPERTY AND A STATE OF	July 5,1927	Peritonitis	3 days ago
	BUREAU 1. 5			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

County

Allegany

2	. FULL NAME		e.McGrav		How long in U.S. if of foreign birth?yrs If U.S. Veteran, specify WAR	
	(a) Residence: No.	101.P	ot omac. (Usual place	St. of abode)	St., 6-2 Ward. If nonresident give city or town as	
	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX 4. COLO	R OR RACE	5. SINGLE, MARI OR DIVORÇEI Maroe	(write the word)	21. DATE OF DEATH Mar. 5. 1936 (Month) (Day)	, 193 (Yeer)
5a.	If married, widowed, or divor HUSBAND of (or) WIFE of		McGraw		22. I HEREBY CERTIFY, That I attende	ed deceased fro
6.	DATE OF BIRTH (month, day	and year) Oc	t. 4.19	11	I last saw here alive on hare 5 ,1926	
7. /	AGE Years 24	Months 5	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	Date of onse
OCCUPATION	8. Trade, profession, or pa kind of work done, SAWYER, BDDKKEE! 9. Industry or business in work was done, as S SAW MILL, BANK, e 10. Date deceased last wor	as SPINNER, PER, etc	11. Total ti	me (years)	Septement from Person	720-1
	this occupation (mon year) BIRTHPLACE (city or town)_ (State or country)			t in this pation	Other Contributory Causes of importance: Jeneral Peritonitis	728=
ER	13. NAME Wil	lliam.H	.Imes			-1-936
FATH	14. BIRTHPLACE (city or to (State or country)				Name of operation Date of. What test confirmed diagnosis? Clarical Was there are	
HER	15. MAIDEN NAME	Virgina	. Winfie	eld	23. If death was due to external causes (VIOL ENCE) fill in also the following	
MOTI	16. BIRTHPLACE (city or too (State or country)	wn)		Pa	Accident, sulcide, or homicide? Date of injury Where did injury occur?	, 19
17.		iah McG			(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC F	Ate) LACE.
18.	BURIAL, CREMATION, DR R		Date Mar.	8.19,36	Manner of injury	
19.	UNDERTAKER JOH (Address)	n.C.Wo	lford Land. Mo		24. Was disease or injury in eny way related to occupation of deceased?	ho
	Etterch ?	31 /	(Att.	10.21	(Signed) & Lameh	M.

STATE OF MARYLAND-CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS (45-0)

Dr Lanich

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitid nephnitis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
APR 7 1936				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>			

V. S. No. 1

STATE C	OF MARYLAND-	CERTIFICATE OF DEATH OACA
1. PLACE OF DEATH County ALLEGANY	WITHIN OOMPON	Registration Dist. No.
Village or City CUMBERLA	ND. MARYLAND	No. MEMORIAL HOSPITAL St6 -/ Ward
Length of residence In city or town where	death occurredyrsmo	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?
2. FULL NAME CIAR	ENCE MCKENZIE	01 × -
(a) Residence: No. RT_{ullet}	#2. FROSTBURG? (Usual place of abode)	
PERSONAL AND STATIST		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (parie the word)	21. DATE OF DEATH 23 - , 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of LOUELLA S	TEINLE	22. J HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	APRIL 7 , 1882	I last saw h alive on MAR . 23 , 19 36 death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 8:10 mP. M.
53 10	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	MINER	Manual Property of the second
9. Industry or business in which work was done, as SILK MILL.		A Complete Control of the Control of
this occupation (month and	11. Total time (years) spent in this	Homaly Lat &
year)	occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) INDIANA		all his thoughty the
13. NAME MCKENZIE Z	ACHARI AH	work some the straight
14. BIRTHPLACE (city or town) (State or country) PENNS	YLVANIA	Name of operation. At the large Sub-lo Back What test confirmed diagnosis? Was there an autonous?
15. MAIDEN NAME MCKENZIE	, MARTHA	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy? Was the following:
15. MAIDEN NAME MCKENZIE 16. BIRTHPLACE (city or town) (State or country) PENN	SYLVANIA	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT NEMORIAL HC (Address) CUMBERLAND	SPITAL MARYLAND	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Das March 25, 1906	Manner of injury
19. UNDERTAKER J. J. Color. (Address)	at his	24. Was disease or injury in any way related to occupation of deceased?
20. 50 Sauch 24, 1996 Ja	Dansen Bed Registrar.	(Signed) (Address) (Address) (Address)
If more		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis AFR 17 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-0 - 2,965
County Allegany WITHIN CORPOR	Registration Dist. No.
Village or City Control (16	No. Mllgany Tronk St., 4 Ward death occurred in a population, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth? yrs, mos. ds.
2. FULL NAME Commic Commodrate	If U. S. Veteran, specify WAR
(a) Residence: No. Allegary Con Iteme	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)	21. DATE OF DEATH 3 (Month) (Pay) (Year)
5a. If married, widowed or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , ,
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 17 1866	I last saw in La alive on 3 3 0 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 4.6.25 m/
70 7 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and spent in this corporation (month and spent in this corporation).	Of towar Consolation
Industry or business in which work was done, es SILK MILL,	Ole Alle
SAW MILL, BANK, etc	(Louis My Olartis M.
O 10. Data deceased last worked at this occupation (month and year)	()
	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME frederich Inindeal	
13. NAME Friderick Inndary	Name of operation 120 Dete of Dete of
(Stete or country)	What test confirmed diagnosis? Was there en autopsy? L.A.
15. MAIDEN NAME SANS	23. If deeth wes due to external causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Allegang to Fame. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIDATOR REMOVAL	Manner of injury
Plece It Must and and and Mys V, 1936	Nature of Injury
19. UNDERTAKER Amo Stim Pag.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Completende.	If so, specify
Jestochel 1, 1936 pet transle min	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis 7 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 1 1330	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

1. PLACE OF DEATH

infor-OCCUPA plnods County_ Registration Dist. No. Village or City to most colors (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred. mos. ____ds. How long in U.S. If of foreign birth? _____yrs. ____mos. statement PHYSICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Months Days to have occurred on the date stated above. 1 day, ____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence or____min. were es follows: Date of enset & Trade, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back industry or business in which may should work was done, es SILK MILL, SAW MILL, BANK, etc.____ 10. Date deceased lest worked et 11. Total time (years) on this occupation (month end spent in this vear) ____ occupation __ instructions Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation__ plain (State or country) carefully What test confirmed diagnosis?__ MOTHER important. 15. MAIDEN NAME ij. 23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_____ 19. DEATH 16. BIRTHPLACE (city or town) (State or country) pe Where did injury occur?_____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnoys 17. INFORMANT. very OF (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of injury AUSE NOI. mation Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

V. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA:	N
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Registration Dist. No. Memorial Hospitalst 6-(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. If U. S. Veteram specify WAR. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attended deceased from ______ 19_____ to______ 19_____ 19____ to have occurred on the date stated above, at 1:30 The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset Name of operation_____ What test confirmed diagnosis?______ Was there an autopsy?____ 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homlcide?______ Date of injury______ 19_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Nature of injury 24. Was disease or injury in any way related to occuration of deceased?____ Registrar. (Address)

REYNOLDS

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10 .-- The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis ADD 77 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	N
TANKET TANKET	DI AUE	LOI	T. OTCLATION	STUTENTIALIS	DI	1 11 1 310 12	2 7 4

4	STATE OF MARYLAND—	CERTIFICATE OF DEATH						
UP	1. PLACE OF DEATH	92-0						
20	County Cillegary WITHIN CORPORATE LIMITS OF Registration Dist. No.							
Q	Village or City Londacofing	No. St., Ward						
t o	Length of residence in city or town where death occurred 23 yrs pes	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?						
men	2. FULL NAME Cliffy do As 4	marphy						
ate	(a) Residence: No. Almaconno	Ward.						
st	(Usual place of abode)	If nonresident give city or town and State						
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH						
<u>a</u>	Male 4: COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 9 (Month) (Day) (Year)						
classifie	5a. If marriad, widowed, or divorced HUSBAND of Olive Hayes	22. Sell HEREBY CERTIFY, That I attended deceased from 1-1934 1036 in March 979 1036						
	6. DATE OF BIRTH (month, day, and year) Part 9 1912	I last saw h Lu aiive on tub. 8- 1936; death is said						
properly certificate.	7. AGE Years Months Days if LESS than	to have occurred on the data stated above, at 5 Q m.						
rop	23 4 - 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:						
pe p	Regarde, profession, or particular kind of work dona, as SPINNER, Glass Orosher SAWYER, BODKKEEPER, etc.	Chronic Endocardiles V						
		Chimic museculitis 2/1/34						
may	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Game myseacoure 71/37						
at it	this occupation month and year) 11. Total time (years) spent in this year) 12. The companion occupation occupa							
erms, so tha	12. BIRTHPLACE (city or town) Amanaching	Dther Contributory Causes of importance:						
s, s	(State or country) Manylaging							
terms, instr	13. NAME David M. Muchphy	1						
_ 0	14. BIRTHPLACE (city or town)	Name of operation Date of						
=	(State of Country)	What test confirmed diagnosis?						
EATH in pin pin pin pin pin pin pin pin pin	15. MAIDEN NAME Laytle Smith	23. If death was due to external causes (VIOLENCE) fill in also the following:						
TH	16. BIRTHPLACE (city or town)	Where did injury occur?						
P	17. INFORMANT MAN Concerning The	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.						
E OF	18. BURIAL, CREMATION, DR REMOVAL	Menner of Injury Cranbung Cav. auto						
SZ	Placed Clegary ander front of Flag 1, 1936	Nature of injury Gaul, authorities of Teach						
ま	19. UNDERTAKER A CONCLUSION (Address)	24. Was disease or injury in any way related to occupation of deceased?						
	Much a 21 A SA 15 lan	(Signed) An Course						
(4	20. FILED MANY (V, 124 N) - 2 - V Tuff June Registrar.	(Address) Midlaud - md.						
1 ,	If more block on sould all a Sou Bridge	NOT LEAD BY						

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

E FLAINLY, WITH UNFAUING INA-THIS IS A FERMANENT RECORD, Every item opposed be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be DEATH in plain terms, so that it may be properly classified. Exact statement of OC s very important. See instructions on back of certificate.
E FLAINLY, WITH UNFADING INK—I'HIS IS A FERMANENT RECORD, Every should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS OF DEATH in plain terms, so that it may be properly classified. Exact statements very important. See instructions on back of certificate.
E FLAINLY, WITH UNFADING INA—ITHIS IS A FERMANENT RECO- should be carefully supplied. AGE should be stated EXACTLY. PH OF DEATH in plain terms, so that it may be properly classified. Exact s very important. See instructions on back of certificate.
E FLAINLY, WITH UNKADING INA—I'HIS IS A FERMANENT should be carefully supplied. AGE should be stated EXACTLYOF DEATH in plain terms, so that it may be properly classified. Is very important. See instructions on back of certificate.
E FLAINLY, WITH UNFADING INA-THIS IS A PE should be carefully supplied. AGE should be stated E OF DEATH in plain terms, so that it may be properly s very important. See instructions on back of certificate.
E FLAINET, WITH UNFADING INA-THIS should be carefully supplied. AGE should be OF DEATH in plain terms, so that it may be s very important. See instructions on back of
E FLAINLY, WITH UNKADING INK—IT should be carefully supplied. AGE should OF DEATH in plain terms, so that it may s very important. See instructions on back
E FLAIRLY, WITH UNFAUING II should be carefully supplied. AGE OF DEATH in plain terms, so that s very important. See instructions o
E FLAIRLY, WITH UNFAUGhould be carefully supplied. OF DEATH in plain terms, s very important. See instruc
E FLAINLY, WITH should be carefully style DEATH in plain s very important. See
E FLAINLY, should be care OF DEATH is very importa
should OF 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2401
1. PLACE OF DEATH	93-C) ×
County Allegany	Registration Dist. No.
Village or City Attite Orleans	No. St., Ward
Length of residence in city or town where daath occurredyrsmos	death occurred in a norphalor institution, give its INAIVIE instead of street and number)
2. FULL NAME Undrew &. M	orris
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DLYORCED (write the word) Name of the word)	21. DATE OF DEATH Mar. 6 ,19336
5a. If married, widowed or divorced	(Month) (Day) (Year)
HUSBAND of Mary T. Morres	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct. 28, 1856	I last saw h six elive on Mar. 6. 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/45 12 m.
79 4 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
8. Trade, profession, or particular	Dats of onset
kind of work done, as SPINNER, Jarmen KIND SAWYER, BOOKKEEPER, etc	Chronic Bronchetis 140.
9. Industry or business in which work was done, as SILK MILL, Own January SAW MILL, BANK, etc.	1981
O Dete deceased last worked at this occupation (mosth and year) 11. Votal time (years) Ideals spent in this occupation.	
m 1	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - flash	myocarditis Chrone, Sec/
	Direction 3 One years. Cuff ?
E	
(State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Pharisland	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Aury (State or country)	Accident, suicide, or homicide? Date of injury, 19
- (State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John Marris (Address) Little Orleans Met	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placelarus Cemilery Date Mar. 8,1936	Nature of injury
19. UNDERTAKER Ephram Amith (Address)	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED March 1 , 19 36 FT Mann Bo ME Ma	(Signed) (Signed) M, D.
Pept Focal Registrar. If more blanks are needed address State Parish as	(Address) V Lucetel My

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ASS 8 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

Exact statement of OCCUPA.

properly classified.

be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. MARGIN RESERVED FOR BINDING AGE should be mation should be carefully supplied.

N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MADVIAND_CEDTIFICATE OF DEATH

1. PLACE OF DEATH	DE CERTIFICATE OF DEATH 247	0		
	(9/a) ×	,		
County Milynny . WITHIN CORPOR	RATE LIMITS Registration Dist. No.			
Village or City Comband.	(If death occurred in a hospital or institution, give it NAME instead of street and num	Ward		
Length of residence in city, or town where death occurred/yrs	mosds. How long in U.S. If of foreign birth?yrsmos	ds.		
2. FULL NAME RAMIN Amal 1	alsh If U. S. Veteran, specify WAR			
0 / 10				
(a) Residence: No. 13 y // Washington (Usual place of abode)	Is nonresident give city or town and Ste	ate		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOW				
Hemale White male Imple	(Month) (Dey)	93 (year)		
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of	22. HEREBY CERTIFY, That I ettended dec	22. HEREBY CERTIFY, That ettended deceased from		
0 0/01	I all a seed at	. 19 يو در 19		
6. DATE OF BIRTH (month, day, and year) (may 7) 7. AGE Years Months Days If LESS	7 - 7	leeth is seld		
1 day,				
8 Trade profession or partiaular	in ware se follows:	Date of onset		
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				
9. Industry or business in which	Buchand Endertuditis	1929		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The care			
10. Date deceased lest worked at this occupation (month and spent in this				
year) occupetion	Other Coutributory Causes of importance:			
12. BIRTHPLACE (city or town) 6 ssm Herland 0	-A			
(State or country)	C. Pyelo reflerely	rece 4		
13. NAME trank 6. Patal	V	1435		
13. NAME trank & Falst 14. BIRTHPLACE (city or town) Llyington &	Name of operation			
(State of country)	What test confirmed diagnosis? Was there an auto	psy?		
15. MAIDEN NAME Olsse gleby. 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In elso the following:			
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19		
(State or country)	Where did injury occur?			
17. INFORMANT mis Usie Patal.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.		
(Address) bomberland.				
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place Priland Com Date Man. 4, 19	9 2. D. Neture of injury			
19. UNDERTAKER Lomo Stim Ine	24. Was diseese or injury In any wey related to occupation of deceased?			
(Address) Comparland	If so, specify	If so, specify		
20. Elevent 3, 134 / AS Struckle. M.	(Signed) G. h. Gurley	M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death, and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	WITHIN CORPOR	2471
County Illegam		Registration Dist. No.
Village or City Loss	Meland	ND. 30.5 St.,6 -2 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurred 4 Qyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Many	somse Carson	tin_
(a) Residence: No. 325	mle	St.,6-2 Ward.
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH
Honole White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word)	21. DATE OF DEATH Mar. (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Pit	22. 1 HEREBY CERTIFY. That ettended deceased from
many.	1 arnels	11 HEREBY CERTIFY, That lettended deceased from 11 1936
6. DATE OF BIRTH (month, day, and year)	anch 6 1847	I last saw h alive on, 19.3.3; death is said
7. AGE Yeers Months	Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 3m.
891-	3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Homenaile	Pulmonary Hamor Lage Date of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	1. W. W. W. K.	Cause of pulmonary hemorrhage: Unknown.
SAW MILL, BANK, etc.		as to whether or not death
O Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation	took due to tuleaculosis. Confort
12. BIRTHPLACE (city or town) Porsill (State or country)	of Rocks ad.	Dther Contributory Causes of Importance:
14. BIRTHPLACE (city or town)	Wade	Brossed:
14. BIRTHPLACE (city or town)	A	Name of operation Date of
(State or country)	Unhanner.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Lya		23. If death was due tu external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	mhnown.	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	O:	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Miso Inlim (Address) Combi	horro	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Pulcalah Oli	monte mars. 13,1936	Manner of injury
19. UNDERTAKER Normin Stern	Ina;	Nature of injury 24. Wes disease or injury in any way related to secupation of deceased?
20. FIEDURE 12. 1936	Police 1220	If so, specify (Signed) M. D.
	Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Chronic interstitial nephritis APR 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Allogan	Registration Dist. No.
Village or City Control of the Control	No Cara and Charles I'm
(If	death occurred in a hospital or institution rive its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME The Clivaliette	pters-
(a) Residence: No. (23/ William)	St., 5 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
T OR DIVORCED (write the word)	March 7 1006
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
(or) WIFE of E D	22. I HEREBY CERTIFY, That I ettended deceased from
Cager pains	, 19, to
6. DATE OF BIRTH (month, day and year) Upv 13-1885	I last saw h; death is said
7. AGE Years Months Days If LESS then 1 day,	to heve occurred on the date stated above, etm.
30 10 27 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Jacob on one
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	Fracture of Stull 3/7/36
work was done, as SILK MILL, SAW MILL, BANK, etc	110101
10. Date deceased lest worked et this occupetion (month end spent in this	Arus vy auto.
year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Clerk Justines 3/7/2
13. NAME 14. BIRTHPLACE (city or town)	2 tracture of felt lear
4. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnost Mussical Equic Was there en autopsy?
15. MAIOEN NAME Lydia Wagner	23. If death was due to external sayings (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, surcide, or homicides leceolard. Oate of injury 3/72, 1936
(State or country)	Where did injury occurs city street- Comely and
17. INFORMANT Colgary Jarks	Specify whether injury occurred in INOUSTED, in HOME, or In PUBLIC PLACE.
18. BURIAL COMMATION, OR REMOVAL	flullyc place
Courtly Creek & Us. Date March 10,193 6	Manner of injury Struck by Quelousolike
0,00	Nature of injury fraction of Steel
19. UNDERTAKER (Address	24. Was disease or injury in eny way related to occupation of deceased?
2000	If so, specify
20. FILES arch 9 , 1936 Jan Marchan MV	(Signed) ALOV Cauchy M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 7 1930	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	0,10	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	OF MAR	YLAND-	CERTIFICATE OF DEATH 344	-2	
1. PLACE OF DEATH			(73)		
County Allegany					
Village or City Pinto		(1)	No. St., If death occurred in a hospital or institution, give its NAME instead of street and number)	_Ward	
Length of residence in city or town whe	re death occurred	yrsmos	9	ds.	
2. FULL NAME Joseph	M. Pence		NR-45	100	
(a) Residence: No.	(Usual place	of abode)	St., Ward. Martinsburg, W. Va. If nonresident give city or town and State	¥	
PERSONAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH March 9 , 1936 (Month) (Day) (Y)	ear)	
5a. If merried, widowed, or divorced HUSBAND of					
(or) WIFE of Viola SI	nanholtz		22. I HEREBY CERTIFY, That I attended deceaseMarch_9		
6. DATE OF BIRTH (month, day, end year)		1900	I last saw h		
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, atm.	is said	
36		1 day,hrs.	The Fathers of peace of peace causes of importance		
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Carpente	12112 3845 111	Accidental drowning Date of on		
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	B & O R	.R.	Drowned at Pinto, Md.		
10. Date deceased last worked et this occupation (month end year)	spe	time (years) ent in this upation	Potomac River from Ring Bridge	1	
12. BIRTHPLACE (city or town)(State or country)	Уа.		Other Contributory frances of importance: Other Contributory frances of importance: Other Contributory frances of importance:		
13. NAME S. Pence					
13. NAME S. Pence 14. BIRTHPLACE (city or town) (State or country)	Ta.		Name of operation Date of What test confirmed diagnosis? Was there en autopsy?		
	ne Spitzer	r	23. If death was due to external causes (VIOL ENCE) fill In also the following:		
15. MAIDEN NAME Catheri	la.		Accident, suicide, or homicide? Date of injury, 19)	
17. INFORMANT Viola St			Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury		
Place Forest Glen, W. Va Date May 4, 1936			Nature of injury		
19. UNDERTAKER Louis Steir (Address) Cumberland			24. Was disease or injury in any way related to occupation of deceased?	0	
20. FILED May 4 19 36 A	I. G. Van N	deter	(Signed)	_# M. D.	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
9867 62		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
3			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WRITE PLANTY, V. S. No.

m ż

SIAIL C	F MARYLAND-	-CERTIFICATE OF DEATH 24	23
County Allaganes		Registration Dist. No.	
Village or City Rouse	9-1	No	War
Length of residence in city or town where		If death occurred in a horpital or institution, give its NAME instead of street and not be a street and no	
2. FULL NAME 9200	rbest flely	Y	
(a) Residence: No. Reason	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Mesle White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH M. L. (Month) (Day)	193 (Year)
husband of (or) Wife of	ookerle	22. HEREBY CERTIFY. That t attended of	leceased fro
DATE OF BIRTH (month, day, and year)	about 1868	I last saw haves alive on Tuch 14, 1936	; death is sa
7. AGE Years Months	Days If LESS than 1 day,hrs.	I THE FAIRCITAL CAUSE OF DEALGE and related causes of importance	
8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		were as follows: Lator Per en maria	Date of onse
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	etired		26
10. Data deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	
	12	- Ugu	
13, NAME 14. BIRTHPLACE (city or town) (State or country)	mann	Name of operation Date of	
15. MAIDEN NAME	moun	What test confirmed diagnosis? Was there an at 23. If death was due to external causes (VIOLENCE) fill In elso the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country)	hnown.	Accident, suicida, or homicide? Data of injury Where did Injury occur?	, 19
17. INFORMANT Herry & (Address) Commence	hink and	(Specify city or town, county and State Specify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Fellow	Date Mon 19,1936	Manner of Injury	
19. UNDERTAKER Janis att. (Address)	in Em	24. Was disease or injury In any way related to occupation of deceased?	
20. FICEBASEA! 18, 1936	my mumby Registrar	(Signed) (Address) western the first	M. I

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

RESERVED

MARGIN

Health

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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-Example I	. 1	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1,1923		Gastroenteritis	1 year

V. S. No. 1

	JRD. Eve	HYSICIAL	statemen	
	T KEC	Y. PI	Exact	
	, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Eve	refully supplied. AGE should be stated EXACTLY. PHYSICIAL	I in plain terms, so that it may be properly classified. Exact statemen	
	IS A PE	stated E	properly	tant Sae instructions on hack of cartificate
	HIS	pe	pe	Jo
	NK-T	should	it may	Josh as
	I SNIC	AGE	so that	ofione c
	UNFAI	ipplied.	terms,	inctrin
)	WITH	efully su	in plain	ont Co.
		1	1	+

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Allgania	Registration Dist. No.
Village or City Western fort	NDSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Eng Catherine R	eeves If U. S. Veteran, specify WAR
(a) Residence: ND, Carrey It	St Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Giric the word) The It married widowed or divorced. The It married widowed or divorced.	21. DATE OF DEATH Man(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Reeves	22. THEREBY CERTIFY. That I ettended deceased from Toly 17 1935 to May 14 1936
6. DATE OF BIRTH (month, day, end year) March 30 . 1889	Hast saw her elive on Moreh 12, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.3.0 Pm.
46 11 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEFPER, etc	Hypotension 1925
MOIN MAS GOILE, 62 SILK MILL.	Mitral Reryurgitation 1935
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) - 14-3-5 occupation 28	
12. BIRTHPLACE (city or town) "Near" Westernport	Other Contributary Causes of importance:
(State or country)	Carline Decompousation 1936
13. NAME of chard D. Sinkswiller 14. BIRTHPLACE (city or town) and known	Name of operation ACKL Date of
(State or country)	What test confirmed diagnosis? Physical Sugues Was there an eulopsy? Ma
15. MAIDEN NAME Silla Buchlew 16. BIRTHPLACE (city or town) Harry fort	23. If death wes due to externel ceuses (YIOL ENCE) fill in elso the following:
O 16, BIRTHPLACE (city or town). Hastlessylvery (State or country)	Accident, suicide, or homicide? Date of injury 19
0.1 0 0 00000	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sathur (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of files Date Mar, 13, 1936	Nature of injury
19. UNDERTAKER Soll. (Address) A Tomas	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Branch, > 193 6 allannlaker mo	(Signed) Paul Milon M. D.
Registrar.	(Address) Pladmont, W.V.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	ĺ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
and the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The IN

MARGIN RESERVED FOR BINDING	PLAINY, WITH UNFADING INK-THIS IS A PERMANENTY OF D. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	very important. See instructions on back of certificate.
SERVEI	NK-THI	should be	it may be	n back of
GIN RE	'ADING I	ed. AGE	is, so that	tructions (
MAR	THE UNE	ally suppli	plain term	See ins
	X, W	be carefu	EATH in	important
/	PLA	pluons	OF D	verv

	SIAIE (JE MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF County	DEATH alle	of hamis	CORPORATE LIMITS Registration Dist. No.
Village or City			No. 320 Frederick = St., # Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residen	ice in city of town where	death occurredyrs,mos	sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAMI	E truf a	me Klie	rdes
(a) Residence:	No. 320	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL	L AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Strength 4 193 C
5a. If married, widowed,	or divorced		(Month) (Day) (Year)
HUSBAND of (or) WIFE of		Al William of the	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (mo	nth day, and year	neh 4. 1936	1 last saw h and alive on 1926, to 1936; death is se
7. AGE Years	Months	Days If LESS than	to have occurred on the date stated above, at
0	0-	or_11 min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, professio	n, or particular	7-	Date of one
	done, as SPINNER, OKKEEPER, etc	1 - 1:	Vinneles built
work was do	iness in which ne, as SILK MILL, BANK, etc		7
SAW MILL, 10. Date deceased I this occupati		11. Total time (years)	1000
this occupati	on (month and	spent in this occupation	
12. BIRTHPLACE (city of State or country	r town)	ı d	Other Contributory Causes of importance:
1 1	hur 1th.	Phodes	
13. NAME 14. BIRTHPLACE (c)	ty or town) m	1	Name of operation Date of
(State or cou			What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	Ella 1	Burgel	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (ci	ty or town) m	2	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (ci			Where did injury occur?
17. INFORMANT	shu 7 :	Rhodes St.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION	I, OR REMOVAL	man 4 31	Manner of injury
Place	2	Date	Nature of injury
19. UNDERTAKER (Address)	Cina	Muse Mil	24. Was disease or injury in any way related to occupation of deceased?
20. Frederich.	4.186, Jas	P. Reusellen M. D. Registrar.	(Signed) ACC M. M. (Address) 41 S. S. S. C. M.
	If more		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example 1	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car DSGI & YdV	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		Beckleb	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state b. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAN V. S. No. 1 N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORPORATE LIMITS 19 247-
County Alleg Maccel	Registration Dist. No.
Village or City Cremifelland	No. 320 A sedevels — St., 4 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sufant Pliva	
(a) Residence: No. 230 Frederice	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year March 4, 1936	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
O O O Or.30 min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Printing bull
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	7 wwo
10. Date deceased last worked at this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Cumberland (State or country)	Other Coutributory Causes of importance;
13. NAME John A Pholes 14. BIRTHPLACE (city or town) M. d.	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ella Burger 16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT form to by hadeo, (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, PREMATION, OR REMOVALED TO THE WAY 4 . 3 (Manner of injury
Place Date Date 4, 1934	Natura of Injury
19. UNDERTAKER D. Dully Mid (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FLEBruch 4, 19 30 Jas Hrankhing	(Signed) (Address) 4 Calculation M. C.
- for	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Allack of epilepsi	1 week ago
Chronie interstitial nephritis	1921	Run over by street eds	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- 954
County: Plea aury	Registration Dist. No.
Village or City July - South of	NoSt,Ward
Langth of residence in city or town whare death occurred yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U. S. If of foreign birth?
2. FULL NAME of a die datharine e. A	100
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH O 193 (Yaar) (Yaar)
58. If married, widowed, or divorced HUSBAND of Gory WIFE of Gloral P. E. Ricel	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Phill 1 - 1862	last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date statad abova, at 400 Am.
3 // 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House work SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL.	WAA /
9. Industry or businass in which work was dona, as SILK MILL, Own Haul	in the
SAW MILL, BANK, etc. 10. Oate decaased last workad at this occupation (month and yaar) yaar) SAW MILL, BANK, etc. 11. Total time (yaars) spent in this occupation occupation	Soft All
12. BIRTHPLACE (city or town) Saudy Hook (State or counts)	Other Contributory Causes of Importance.
	Condition
13. NAME Square Releter 14. BIRTHPLACE (city or town) (Stata or country)	Name of operationOata ofWhet test confirmed diagnosis?Was there an aulopsy? AAA
15. MAIOEN NAME Clauda Long	23. If death was dua to axtarnal causas (VIOLENCE) fill In also the following:
15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) Joseph College	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT William Roll (Addrass) Sout Rowa ee God	(Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MACHET G. D. D. D. Oate Machet L., 1986	Manner of injury
19. UNDERTAKER In Durst	24. Was disease or Injury In any wey related to occupation of dacaased?
20. FILEO 3// 186 A D Godtille by A	If so, specify Sospelllu M. D.
Hotal Registrar.	(Addrass) Tent Hawage mg

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. of

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	1 1 1	of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis ADD 2 1936	1	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July	y5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May	y 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	-18	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage SUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

ا نـ	STATE OF MARYLAND—	CERTIFICATE OF DEATH 2480
JP.	1. PLACE OF DEATH	
OCCUP	County alleganes	Registration Dist. No.
of o	Village or City Frank three 4	No. Debat Jurrace St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. if of foreign birth?yrsmosds.
mer	2. FULL NAME Sith Howing Rite hil	If U. S. Veteran, specify WAR
statement	(a) Residence: No. 49 N - Pot Terral (Usual place of abode)	St., Ward. If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Maiel. V 193.6
ed.	5e. If married, widowad, or divorced	(Month) (Day) (Year)
classified	HUSBAND OF Carl Ritchie	22. HEREBY CERTIFY. That I ettended deceased from 1932, to march 2 nd 1936
	6. DATE OF BIRTH (month, day, and year) L. 1909	I last saw h. en elive on march 1st , 1936; death is said
properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 am.
rtif	16 7 /3 · 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
of ce	8. Trede, profession, or particular kind of work dona, as SPINNER, Bookkeeper SAWYER, BOOKKEEPER, atc.	Pulmonary Tubrellsio 4/1/3
may	9. Industry or business In which work was done, as SILK MILL, Office SAW MILL, BANK, atc.	
on on	10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spent in this 3 chrs	
erms, so that instructions o	12. BIRTHPLACE (city or town) See bert	Other Centributery Causes of Importance:
ıs, tru	(Stata or country)	
	13. NAME James Lygn Pollock	
ain t	4 14. BIRTHPLACE (city or town) Selver	Name of operation Date of
9	(State of country)	What test confirmed diagnosis? Was there an autopsy?
EATH in pin pin pin pin pin pin pin pin pin	15. MAIDEN NAME Releig Morres	23. If death was due to external causes (VIOLENCE) fill in also the following:
ort:	o 16. BIRTHPLACE (city or town) Lizastbully	Accident, suicide, or homicide?Date of injury19
M m	X (State or country)	Where did Injury occur? (Specify city or town, county and State)
2 2	17. INFORMANT CADOCIAL TOLLOCK	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
IS. E	Place thostburg ma Data Man 4, 193 b	Natura of injury
CAUSE TION is	19. UNDERTAKER David S. Boal	24. Was disease or injury in any way related to occupation of dacaased?
T	(Address) Factor Ma.	If so, specify
()	20. FILED Mar, 4, 19 36 a R, walker 4, 0,	(Signed) M. D. C. William M. D. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Chronic interstitial nephritis APR 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	4 (RE) - 2481
County allegary WITHINGORP	Registration Dist. No.
Village or City Almadouma	No. St. Ward
TIE / I. (If o	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U. S. If of foreign birth?mosds.
2. FULL NAME findrew	ferlam
(a) Residence: No. ———————————————————————————————————	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR, RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	(Month) (Day) (1881)
(or) WIFE of Pary Patter Roberts	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Rug. 30, 1881	I last saw h A alive on Brook 7 tt , 19 3 k; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 1201 m.
54 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
A Trade profession or particular	That failure dure to Date of onset
kind of work done, as SPINNER, Mulwight	till Manage.
9. Industry or business in which work was done, as SILK MILL Paper Okarill SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and) 11. Total time (years) spent in this occupation occupation. Occupation.	
In amino	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Alanyland	
13. NAME andrew Harbertain	
I Stand	Name of assertion
4 14. BIRTHPLACE (city or town) Scholler (State or country)	Neme of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Mary George 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did Injury occur?
Onal mary Robertom	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT YMA VILLARY VILLARY (Address)	Specify whether injury occurred in the books, in nome, or in robert react.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Oh Will Cometery Date In auch 1/1936	Neture of injury
On Billand	24. Was disease or injury In any way related to occupation of deceased? My
19. UNDERTAKER A COMMINATION (Address)	If so, specify
much und to 5 1/5/	(Signed) Human by Wagner, M.D.
20. FILED / WWW 11 , 1934 01 . L . O. T.	Marine Advantage Marine

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	defensible	Example II	74 - ALS
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------------	---------	------------	----	-----------

FOR BINDING

MARGIN RESERVED

V. S. No. 1 N. B.—I

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be -WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-20 - 24(2)
County/Illegary WITHIN CO	PAPORATE LIMITE Registration Dist. No.
Village or City Ambelland	No. 146 Independence 4 Warr
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME ANDA Porve	
(a) Residence: No./46 Indexendence	St., 4 Ward.
(Usua/place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temale White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Max. 15 193 6
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) am 3, 1855	I last saw here alive on Mary 14 1936 death is call
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 22
81 2 12 12 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House duty	arlano Sclaron 1931
kind of work done, as SPINNER, House duty SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Own House SAW MILL, BANK, atc.	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Cumberland	Other Contributory Causes of importance: detailed loter 193
(State or country)	
13. NAME TONS THINLY 14. BIRTHPLACE (city or town) Cumbaland	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Date of
	What tast confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Nellie Pamiles	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL Washington	
Place Hell Crest Date May 17, 1936	Manner of injury
19. UNDERTAKER 2. S. 13 rutter	24. Was disease or injury in any way related to occupation of deceased? //w
(Addiess) Charlesland MD	If so, specify AM A P
Thereby 16 1936 Oa P Frankly MA	(Signed) Rules Prant M. D
Registrar.	(Address) Carribertano ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
	*		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state JPA.	STATE O	F MARYLAND-	CERTIFICATE OF DEATH	B C an
	1. PLACE OF DEATH	WITHIN OOR	ORATE LIMITS (1)	E Class
should of OCC	Village or City Const.	Serland:	Registration Dist. No. No. St., death occurred in a hospital or institution, give its NAME instead of street an	4 War
- W	Langth of rasidence in city or town whera d	aath occurred 5 yrs 3 mos		mosd:
e CI	2. FULL NAME (ngine	a Schnera	er 11 01 x 0	
YSI YSI stat	(a) Residence: No.		St., Ward. Long, Ind	
. PH Exact	PERSONAL AND STATISTI	(Usual place of abode) CAL PARTICULARS	If professident give city or town a MEDICAL CERTIFICATE OF DEATH	nd State
Samed: LA	3. SEX 4. COLOR OR RACE	5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mel. 9. (Month) (Day)	, 193 ((Yaar)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. ALEREBY CERTIFY. Thet Latender	
te.	6. DATE OF BIRTH (month, day, and yaer)	lee 5 1930	I lest saw here alive on Make: T. 1936	.; deeth is sei
properly certificate.	7. AGE Yaars Months	Days If LESS than I dey,hrs.	to have occurred on the date stated above, at	
or cert	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, atc	9 ormin.	ware as follows: Carellilis:	Date of onset
Davis	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceesed last workad at this genuation (month and		V	
	ID. Date deceased last workad at this occupation (month and year)	II. Total time (yaars) spent in this occupation	Other Contributory Canser of Importance:	
	12. BIRTHPLACE (city or town) (State or country)	estand Ind.	Dephilheria	
	I 13. NAME Am. A. SC	hneider		
	14. BIRTHPLACE (city or town) (State or country)	Ind.	Name of operation Moul Dete of What test confirmed diagnosis? Lalenday Westhera are	autopsy?_///
	15. MAIDEN NAME Least 1.	mita	23. If daath was due to axternal causes (VIDLENCE) fill in also the following	ng:
important.	I 16. BIRTHPLACE (city or town)	Ind.	Accident, suicida, or homicide? Dete of injury	, 19
	17. INFORMANT Im A See (Address)	hneider	Whare did injury occur?(Specify city or town, county and St Spacify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC P	ate) LACE,
The Real Property lies	18. BURIAL, CREMATION, OR REMOVAL Place Minata mothern	Con Insu 11, 19.36	Mennar of injury	
TAGE	19. UNDERTAKER Armo Stein (Address) Compare	Ine.	24. Was disease or injury in any way ralated to occupation of deceased?	mo.
	20 Marsch 10 , 13 6 and	Paranthe M. S. Registrar.	(Signad) Of Ourfall (Address) Ollieble Och	and
	If more b	lanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of enset

Registration Dist. No.

How long in U.S. if of foreign birth? vrs. mos. ds.

(Day) (Year) I HEREBY CERTIFY. That I attanded deceased from

The PRINCIPAL CAUSE OF DEATH and related causes of Importance

Date of

What test confirmed diagnosis?_____ Was there an autopsy?____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

(Address) ____

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Registrar.

(Signed)_

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A BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	PRAYE LIMITIE (B) - 2485
County allegant	Registration Dist. No.
Village or City Therefore	No. 19 (Later St. 6 - 2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Dathamiel Lee	If U. S. Veteran, specify WAR
(a) Residence: No. 19 Satomas	St., 6-2 Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE ORDIVORCED (write the wold)	21. DATE OF DEATH Mar. 17, 193 6. (Month) (Day) (Year)
5a. If married, widowed ondivorced	
HUSBANO of Cara Stickley	15 1935 to 2000 17, 1936
6. DATE OF BIRTH (month, day, and year Places 9 7859	I last saw bear elive on Than . 14 , 19 3 C, death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 4:45 Am.
27 0 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Interwooderstie Cardio Vaseum 1925
SAWYER, BOOKKEEPER, etc	ala min mandat
work was done, as SILK MILL, SAW MILL, BANK, etc.	Other of the off
10. Oate deceased last worked et this occupetion (month and spent in this	Duration tan years
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	allroania Feb. 78 15
1 2 1 1 2 2 2 2	
I.	Neme of operation
14. BIRTHPLACE (city or town)————————————————————————————————————	What test confirmed diagnosis?
15. MAIDEN NAME & lig. Of armers	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIOEN NAME & Leg. ON atrales	Accident, suicide, or homicide?Oate of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Man Area Jeg (Address) 9 (Datament of Land of La	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Charles and M. Oat March 19, 198 6	Nature of injury
19. UNOERTAKER J. Stickeleigh	24. Was disease or injury in any way related to occupetion of deceesed?
(Address)	If so, specify
20, FIRSTERN 12, 1996 Jan Strankle MN	(Signed) M.O. (Address) Que Carrow Jund,
Registrar.	(Audiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 13 15 15 15 15 15 15 15	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUPFAU V. S.		4600 1000	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

\	STATE OF MARYLAND—	CERTIFICATE OF DEATH
of infor-	1. PLACE OF DEATH	1572
DGI I C	County Citalian and	Registration Dist. No.
tem of should of OCC	Village or City All at Md.	No. St., Ward
0 = 0	7 (III	death occurred in a hospital or institution, give its NAME instead of street and number)
ory NS	Length of residence in city or town whera death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
D. Every YSICIANS	2. FULL NAME Comma q C dec	beat
SIC tat	(a) Residence: No. Celchart Md.	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
Fxact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5-1	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3
T L ed.	J. C. denger	(Month) (Day) (Year)
MANENT ACTL assified.	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22 h HEREBY CERTIFY, That I attanded deceased from
N A A S	(di) WITE di	tel. 26 1936 to luck 2, 1936
BINDIN PERMANI E X A C T y classific	6. DATE OF BIRTH (month, day, and year) / 7 - 6 - 3 5	I last saw hear alive on Coch 7, 19 5 6 death is said
	7. AGE Years Months Z S Days If LESS than	to have occurred on the date stated above, at
FOR IS A I stated properlifical	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 70	9 Trade profession or particular	Date of onset
ED HIS be be of of	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	(Tenengiles
RV] ould may back	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
INK—T should tit may on back		
Si El El To	10. Data deceased last worked at this occupation (month end year) sport in this occupation occupation	
ARGIN RES NFADING I pplied. AGE erms, so that instructions	5-10-0-1711	Other Contributory Causes of importance:
ADIN d. A s, so t	12. BIRTHPLACE (city or town) (State or country)	Of Bands of less of
MARGIN UNFADI supplied. n terms, so		and of the same
4 5 5 5		agress - referre
TO	I4. BIRTHPLACE (city or town) Colon of Jana, (State or country)	Name of operation
t Eller	15. MAIDEN NAME Special Manager	What test confirmed diagnosis?
INCX, WITT be carefully EATH in pla	H The set of	Accident, suicide, or homicide?
AIATY, Id be can DEATH	16. BIRTHPLACE (city or town) The Control (State or country)	Where did injury occur?
be be imp	Com S. D. o	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	17. INFORMANT (Address)	openity whether injury occurred in Thousand, in Home, or in Poblic Flace.
PI PI OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place 102 102 90ate 3 - 3 - , 19-3 (Nature of injury
-WRITE mation sh CAUSE (and Strifey	24. Was disease or injury in any way related to occupation of deceased?
- THOP	19. UNOERTAKER (Address) Francisco - Ma	If so, specify
S. No. 1		(Signad) M. D. M. D.
> z (\)	20. FILEO MAYCH 2., 1936 A 17 Walker, M-D. Registrar.	(Address) July 1 100
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	Fr.	

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Example 1		Example II	
The principal cause of death and related caused of importance were as follows: V E D	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis pp 2 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING LINE Stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County allegany	Registration Dist. No.
Village or City Coesafatown	No. Winchester ave St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 10 yrsmos.	
2. FULL NAME albert George Show	le If U.S. Veteran epecify WAR.
of the second	<u> </u>
(a) Residence: No. Winchester (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Wale white or according to the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of annie Wight Shanks	1 HEREBY CERTIFY, That I attended decessed from
70, 51019	2 (1) 2 (-
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 13 P.m.
/ 77hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
67 — 17 ormin.	were as follows:
S. Trade, profession, or perticular kind of work done, as SPINNER, Salver SAWYER, BOOKKEPER, etc.	Cente Myverdites 3-22-31
9. Industry or business in which work wes done, as SILK MILL, W. W. Pailway.	
SAW MILL, BANK, etc	
this occupation (month and 1935) spent in this occupation 16	
) year)	Other Contributory Canses of importance:
(State or country)	two
0 -0 0	
14. BIRTHPLACE (city or town) Hamfashire Co.	
14. BIRTHPLACE (city or town) tampsture	Neme of operation Date of
	What test confirmed diagnosis? Current Was there an aulopsy?
15. MAIDEN NAME Sarah Barrett	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Hamfalure Co	Accident, suicide, or homicide?, 19,
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mass and James Wright Shanks	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placondia Mount Lamey Date March 25, 1936	Neture of Injury
19. UNDERTAKER Jacob Stafer. (Address) Frostburg Jud.	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED 3/23, 1936 MOS/ WWW. Registrar.	(Signed) M. D. (Address) (Address) M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis ADD 11 1006	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
(produce to a second to a sec	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The state of the s

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2488
1. PLACE OF DEATH	ORATE LIMITE (REA)
county was a	Registration Dist. No.
Village or City Line Terland (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary S. Dittey	
(a) Residence: No. 310 Paradic (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX, 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DWORCED, (write the word)	21. DATE OF DEATH 3 - 12 / 36 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of Julius Subley.	22. I HEREBY CERTIFY, That I attended deceased from 3 - 20 19 86 to 3 - 22 19 24
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 3 / 2, 19 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
79 2 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca wera as follows: Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Concussion of Brain
SAW MILL, BANK, etc 10. Data deceased last workad at this occupation (month and year) year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Cumberland	Other Contributory Canses of importance:
(Stata or country)	Possibly Cerabral Hymorrhay
13. NAME Irby + Buch.	7
13. NAME # 15 16/2. 14. BIRTHPLACE (city or town) - Jornany	Name of operation Date of What tast confirmed diagnosis? Usual ours Was there an autopsy?
15. MAIDEN NAME Sophina	23, If daath was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Sophia 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide? Declared Date of injury 3/20, 19 3 6 Where did injury occur? Here Home of Cumber.
17. INFORMANT Harry Ismie	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) I.B. BURIAL, CREMATION OR REMOVAL	Mannar of injury Fall
Place Stankes Um Date 3/25, 19 36	Nature of Injury Concession of Bran
19. UNDERTAKER Armia Stam Ina.	24. Was disaase or injury In any way related to occupation of deceased? 200
(Address) Complexiand	If so, specify
20. Fy March 2 4, 10 36 for Stranthall	(Signed) M. E
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. Village or City JO (If death occurred in a horpital or institution, give its NAME instead of street and number) Length of rasidenca in city or-town where death occurred How long in U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR -DAVORCED (write the word) (Month) (Day) BINDING 5a. If married, widowed, or divorced HUSBAND of 22. ERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Davs 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ____min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc..... may 10. Data deceased last worked at 11. Total time (yaars) this occupation (month and spent in this year) occupation Other Contributory Causes of 12. BIRTHPLACE (city or town MARGIN (State or country) HER 13, NAME FAT 14. BIRTHPLACE (city or town). Name of operation. (State or country) What test confirmed diagnosis? d MOTHER 15. MAIDEN NAME 23. If death was dua to axternal causes (VIOL ENCE) fill in also the following: Accident, suicida, or homicide?______ Date of Injury______, 19 OF DEATH 16. BIRTHPLACE (city or town) (Stata or country) Where did injury occur?_. be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT. (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of Injury CAUSE mation TION Nature of injury 24. Was disease or injury in any way related to occupation of deceased?. 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

(Year)

Was there an autopsy?...

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH		(131)	×	0	
County Magan	MITHIN COR	PORATE LIMITA	Registration Dist	. No.	
Village or City An acry	hug	No		St.,	War
Length of residence in city of town where deeth oc	X /I	death occurred in a hospital or institut	non, give its NAME, in: f forelgn birth?		
T. V. L	200015	8/10/1		,	
2. FULL NAME	VIVICES X	Rilling	X		
	und Gast Hai	w St., Ward.	If nonresident give	city or town and	State
PERSONAL AND STATISTICAL	7	MEDICAL C	ERTIFICATE O		
	DIVORCED (wate the word)	21. DATE OF DEATH		34	, 193 6
Sa. If married, widowed, or divorced	ungre		(Month)	(Day)	(Year)
HUSBAND of (or) WIFE of	fol.	22. I HEREBY	CERTIFY,	1 ~	deceased fro
Chil	2118/2/	Jan 17	1934, to me	16.1.0	, 19.3.4
	v.31,1862	I lest saw h_ana alive onl	3466	, 19.36	_; deeth is se
AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT			
12 11	ormin.	were as follows:	A and related Causes of	/ Importance	Date of ons
8: Trade, profession, or perticular kind of work done, as SPINNER,	atist.	Clasvisse M	yeardis		
9. Industry or business in which	UL VIDE U				-
work was done, es SILK MILL, SAW MILL, BANK, etc			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
10. Date deceased last worked at	11. Total time (yeers)				
this occupation (month and year) assurance [925]	spent in this 42400				-
12. BIRTHPLACE (city or town)		Other Contributory Causes of Impo	rrance:		
(State or country) Colonita	0.00				
5 13. NAME John Robbs	ins spilling	7			
13. NAME John Rolls 14. BIRTHPLACE (city or town) Ask	land 1	Neme of operation		Dete of	1
(State or country)	Oliv	Whet test confirmed diagnosis?			1
15. MAIDEN NAME Many	mail 1	23. If death was due to external cau			
15. MAIDEN NAME May 16. BIRTHPLACE (city or town)	n Patricks	Accident, suicide, or homicide?	0		
16. BIRTHPLACE (city or town)	Tilland.	Where did injury occur?			
hairn maral	not Shilling	Specify whether injury occurred in	(Specify city or town INDUSTRY in HOME	n, county and Stat	e) ACF
(Address)	in a mall	broomy whother injury occurred in	THE OBTAINT HOME:	, 01 111 00210 12	AUL.
18. BURIAL, CREMATION, OR REMOVAL	Ob 1	Manner of injury			
Place Oun Hill Cemetery Date	March 8, 1936	Nature of injury			
10 HADEDTAKED M. C. 12 M. M.	on m)	24. Was disease or injury in any w			
19. UNDERTAKER / CARCONICAL (Address)	runa ma	If so, specify			
20. FILED March 7, 130 Dr. E.	Oon Tylon	(Signed) Llyny	M. Hoken	10 1	
	/ Registrar.	(Address)	4	V. C.	

CTATE OF MADVI AND CEDTIFICATE OF DEATH

9/10/1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

IE:	kample I		Example II	
The principal cause of dea of importance were as follows.	th and related eauses:		The principal cause of death and related causes of importance were as follows:	Date of onset
	an Roll Prop E	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1000	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1930	July 5, 1927	Peritonitis	3 days ago
8	UREAU V. S.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. TH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important. B.-WRITE PLAI V. S. No. 1 ż

1. PLACE OF DEATH	- 2491
WITHIN CO	PRPORATE LIMITS X
County CCCC	Registration Dist. No.
Village or City Comments	No. 120 Suddending SUYW
1 11 1 11 11 11 11 11 11 11 11 11 11 11	If death occurred in a hospital or institution, give its MAME instead of street and number)
Length of residence in city or town where death occurred 3 yrs mo	sds. How long In U.S. If of foreign birth?yrsmos
2. FULL NAME Object Slope	N
(a) Residence: No. 120 Independence (Usuarplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Summer 17, 193 &
. If marriad, widowed, or divorced	(Month) (Vay) (Yeer
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I ettended deceesed
from It stran-	March 10 19 16 to Ruch 19 19.2
DATE OF BIRTH (month, day, end year) FUL 24 1861	i last saw h = alive on Meanle 19 1976 : deeth is
AGE Yeers Months Days If LESS than	to have occurred on the date steted above, at
1 day,hrs.	
74 - 28 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tudacarlella
SAWYER, BOOKKEEPER, etc.	Sulint Granffrom
9. Industry or business in which work was done, esSILK MILL, SAW MILL, BANK, etc.	
10. Date daceased last worked at 11. Total time (years)	Clam hepline
this occupation (month and spent in this	
yaar) occupation	Other Centributory Causes of importance:
BIRTHPLACE (city or town) M/ January	Em Ordina
(Stata or country) And	
13. NAME	
14. BIRTHPLACE (city or town)	Name of annualing
(State or country)	Name of operation Dete of
	What test confirmed diagnosis? Wes thera an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
INFORMANT John It Stran.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) framherland	
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place True Itale (Im Date 3/ 73, 193)	Nature of injury
Garietti o	
(Address)	24. Wes disease or injury in any way related to occupation of deceased?
(Audiess)	If so, spacify
weereh 21, 136 fant Hunkly MA	(Signed) Way J. Mun
Registrar.	(Address) 41 December 20 Celeber

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i	Example 11	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 153 7 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED OR DIVORCED (Write the word) (Month)(Day) I HEREBY CERTIFY. That I attended the deceased from 6 DATE OF BIRTH 192 . to ... (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH 3 ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER __ (Address) ... / Address 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means: of Injury and (2) Whether OF FATHER ENT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of death _____yrs.___mos.__ In the OF MOTHER State.....yrs.....mos.... (State or Country) Where was disease contracted, if not at place of death? usual residence (Informant) (Address) 20 AIN Filed If more blanks are needed, addre.s Ltate Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter. tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, work, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a r," etc., Foreman, or At Home, and children, not gainfully ein-For many occupations a single word or term on without more precise (b) Automobile factory. The material For persons who have no occupation specification as Day (6) Grocery;

Strtement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railwoy traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY (secondary or intercurrent) Chronic interstitial nephritis, Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic affection need etc. The contributory valvular Nomenclature heart not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

See

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LION

(Address)

19. UNDERTAKER (Address)

18. BURIAL, CREMATION, OR REMOVAL

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DEATH

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_ Length of residence in city or town where death occurred (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) 5e. If married, widowed, or divorced HUSBAND of 22. EREBY CERTIF (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Dave If LESS than

. That I ettended deceased from to have occurred on the date stated above, at 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or____min. were es follows Date of onset 8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc...-ATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ Lt 10. Date deceased lest worked et 11. Total time (years) this occupation (month and spent in this occupetion ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town). Name of operation. (State or country) What test confirmed diagnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide? Dete of injury. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Manner of injury

Nature of injury

If so, specify (Signed).

(Address) ..

24. Was disease or injury in env way releted to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	# 15 IS
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
S		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 000 Registration Dist. No. County St.,__ Village or City of (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?______vrs.____mos._ Length of residence in city or town where death occurred statement PHYSICIAN 2. FULL NAME (a) Residence: No If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 函 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, etc. I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or ____ min. Date of onset 8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc may back Industry or business in which pluods work wes done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years)
spant in this Date deceased last worked at this occupation (month end that occupetion _____ instructions Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town (State or country) terms, 13. NAME See Name of operation. 14. BIRTHPLACE (city or town). plain efully (State or country) What test confirmed diagnosis? Was there an autopsy?... HER 15. MAIDEN NAME important 23. If death was due to external causes (VIOLENCE) fill in elso the following: ij. MOT care Accident, suicide, or homicide? _____ Date of injury_____ DEATH 16. BIRTHPLACE (city or town)_ (State or country) Where did injury occur? ___. be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMAN plnods very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury WRITE AUSE mation Neture of injury_ LION 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)_ Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

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The principal cause of death and related causes of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 192		Run over by street car	1 week ago
Cerebral hemorrhage KIDEAII V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state Exact statement stated EXACTLY. properly classified.

certificate.

TION is very important. See instructions on back of -WRITE PLAINLY m ż

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	THIN CORPC	PRATE LIMITS (19'a) 20
CountyALLEGANY Village or CityCUMBERLANDMD. Length of residence in city or town where death occurred	(1	Registration Dist. No. No. MEMORIAL HOSPITAL St., 6 — Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
2. FULL NAME SHIRLEY GREG (a) Residence: No. ROMNEY, W. V. (Usual place		St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
FEMALE WHITE OR DIVORCE	RIED, WIDOWED, D (write the word) NGLE	21. DATE OF DEATH MARCH 28, 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from mar 24
6. DATE OF BIRTH (month, day, end year) APRII. 7. AGE Years Months Days 2 3 8 13	ULESS than 1 day,hrs.	to have occurred on the date stated above, at 6:55 m.A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Meningdi Suffmativo) 3-21-36
O 10. Date deceased last worked at this occupation (month and year)		Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) MARYLAND (Stete or country)		Scorler 7 ever; this child was dis- shanged and of scorlet forers in west Virginia,
13. NAME JAMES A. STUMP 14. BIRTHPLACE (city or town)		several weeks before odonission to the moneial Hospital.
(State of country)	NIA	Name of operation Date of What test confirmed diagnosis? Struck Third Was there an autopsy? NO
15. MAIDEN NAME GERALDINE CHRISTIAN		23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME GERALDINE CHRISTIAN 16. BIRTHPLACE (city or town) WEST VIRGINIA (Stete or country)		Accident, suicide, or homicide?
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MD.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE DE L'ANDRE DE L	160,36	Manner of injury
19. UNDERTAKER Address 20. FILED arch 28, 1936 Land Chung	n da	24. Wes disease or injury in any way related to occupation of deceased? If so, specify C. Signed)
	Registrar.	(Address) Communication (Address)

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUKLING	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 ż

item of infor-

of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	AND ATE VINALES (07:2)
County allegany	Registration Dist. No.
Village or City Cumbleland	ND. Allegany Streptal St., # Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs,m	os. ds. How long in U.S. if of foraign birth? yrs. mos. ds.
2. FULL NAME Quadry Jaylo	If U. S. Veteran, specify WAR NR 45
(a) Residence: No. The many Way (Usug) place of abode)	St., Ward. Somney, N. Va. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word) Male Black Son gle	21. DATE OF DEATH (Month) (Déy) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Oct, 1934	Hast saw have alive on lucale 8 1926; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 5:40 A.m.
4 unknow 1 day,hr	
8 Trade profession or particular	luch
SAWYER, BOOKKEEPER, etc	Of dias Vilitations
work was done, as SILK MILL, SAW MILL, BANK, etc.	one day before teath.
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceesed last worked at this occupetion (month and year) occupation OCCUPATION	
	Other Contributory Causes of Importanca:
(State or country) Nest Virginia	Primar Egunglis Priemmer, toli
13. NAME Reagie Jaylor	Duration one week. Not preceded by an infactiones disease.
13. NAME REGARE Saylor 14. BIRTHPLACE (city organ) Morrefield (State or country)	Name of operation Date of
(Stata or country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Mary Thaulassen	23. If death was due to axtarnal causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME May Maulassen 16. BIRTHPLACE (city or town) Monsfield (State or country)	Accidant, suicida, or homicide?Date of injury,19
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT/ Leggie Laylar (Addrass) Pormer Work	Specify whathar injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Promise W Detempt 10, 193	Mannar of Injury
19. UNDERTAKER Thany Smyder. (Addrass)	24. Was disaase or Injury In any way releted to occupation of decaased?
20. FREDlanch 9, 1936 Jal Handlink Registrar.	(Signed) & C. Ower M. D. (Address) Ounfuland lug M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1015		Date of onset
1910	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
		3-
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car Luly 5,1927 Peritonitis Other contributory causes of importance:

STATE OF	MARYL	AND-C	ERTIFIC!	ATE	OF	DEATH
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1. PLACE OF DEATH	DECERTIFICATE OF DEATH
	ORPORATE LIMITS (8)
Village or City CUMBERLAND	Registration Dist. No. No. MEMORIAL HOSPITAL St.6 - Ward
Length of rasidance In city or town whera death occurredyrs,	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stillhorn The	M-35
(a) Residence: No. Tuestle Dece (Usual place of abode)	• St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWE OR DIVORCED (write tha wor SINGLE	March 1, 193 6
5a. If marriad, widowed, or divorced HUSBANO of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) March 1, 1936	I last saw her dead non man 1/36 19 death is said
7. AGE Yaars Months Days If LESS th	to have occurred on the date stated above, at 4:50A.m.
Stellborn or min.	ware as follow:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset
Industry or business in which	Miscarnage (Stellborne)
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate decaasad last workad at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) MARYLAND (State or country)	Other Contributory Causes of importance:
I TATATAT A	N
14. BIRTHPLACE (city or town)	Name of operationOata of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME GENEVIEVE GREINADER	23. If daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME GENEVIEVE GREINADER 16. BIRTHPLACE (city or town). PENNA. (Stata or country)	Accident, suicida, or homicide? Date of injury, 19
17. INFORMANT (Address)	(Specify city or town, county and State) Spacify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
DE BUNTAL, CREMATION, OR REMOVAL DESCRIPTION OF THE PROPERTY	Mannar of injury
19. UNDERTAKED MELYANIA OHANA DANA (Addrass)	24. Was disaasa or injury in any way related to occupation of deceasad?
20 Klobarch 1 , 1936 Can Bankhan / Registra	(Signad) Frieght Reynolds M.D.
Acgine	(nourse) for the state of the s

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries: Examples:

The principal cause of death and related causes Date of onset of importance were as follows: Arteriosclerosis		Zixampie II		
		D	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	APR 7 1938	1921	Run over by street car -	1 week ago
Cerebral hemorrhage	APR 7 1000	July 5, 1927	Peritonitis	3 days ago
	BUREAU V	5		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroentcritis	1 year

ECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108 × - 24.
County allegany	Registration Dist. No.
Village or City Shalt Tud.	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mos
2. FULL NAME Walter George Tibbs	If U.S. Veteran specify WAR.
(a) Residence: No. Shalf 721	
(d) Residence. No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Color OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH MAX 22 , 193 6 (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 22. 1936, to Max 23., 1934
6. DATE OF BIRTH (month, day, and year) Quy 78 1890	I last saw hand alive on mac 25 , 19 26; death is said
7. AGE Years Months Days II LESS than 1 day,hrs.	to have occurred on the date stated above, a 5.2.4k 47.m.
46 6 23 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data ol onest
8. Trade, profession, or particular kind of work done, as SPINNER, Sertile Worker SAWYER, BOOKKEEPER, etc.	Lohar Presenta maris
9. Industry or business in which work was done, as SILK MILL, Silk Plant.	1939
10. Date deceased last worked at this occupation (month and year) 1936 11. Total time (years) spant in this occupation 3	
12. BIRTHPLACE (city or town) Shaft (State or country)	Other Cantributory Causes of importance:
13. NAME James Jufalen 14. BIRTHPLACE (city or town) Boulden Shaff, (State or country)	Name of operation Date of What test confirmed diagnosis? Class Test and Was there en autopsy?
15. MAIDEN NAME annie Zy organ	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME annie Margan 16. BIRTHPLACE (city or town) - Med San age	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Nover July 1964). (Address) Shaft and	Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace It withall Date Man 23, 1936	Nature of injury
19. UNDERTAKER Jacob Holar (Address) Frostlang rug	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May, 22, 1936 A TO Walker Registrar.	(Signed) M.D. (Address) Affine
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Table 100 marks and the same an	recent 5		
Other contributory causes of importance:		Other contributory causes of importance:	- 14-11
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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OCCUPAshould item O statement Exact assified. FOR BINDING 7

MARGIN RESERVED may plnods that terms, plain efull ıı

certificate. of back on instructions See important. DEATH should OF WRITE CAUSE mation

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth?_____yrs.____mos._ 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) 193 (Month) (Day) (Year) 5a. If married, widowell, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days to have occurred on the date stated above, at. 1 day, ____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this vear) Makh octupation Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country) I3, NAME HE FAT 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis? ___ Was there an au'onsy?. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR Manner of injury Meley/Date... Nature of injury 24. Was disease or injury in any way related to occupation of deceased?. 19. UNDERTAKER (Address) If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of importance were	of death and related causes as follows:	Date ot onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	APO 6 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	FUREAU Y. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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of OCCUPA.

1. PLACE OF DEATH	
County allen any	Registration Dist. No. / O
Village or City Wax & Quroal	No. St., Ward
(If Length of residence in city or town where death occurred 6-0 _yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Helena Trimble	To the solid in th
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Glorge Jrunble	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Qua 31/85/	I last saw h ev alive on March 1st 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at f. 45 f.m.
\$4 6 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	P
SAWYER, BOOKKEEPER, etc.	Dronchites 2WKs
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) spant in this occupation ————————————————————————————————————	
194124	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or countay)	arterno Selerosio
I 13. NAME John Trimble	Sevility
14. BIRTHPLACE (city or town) Mt Savoy C (State or country)	Name of operation
80.14115	What test confirmed diagnosis? Chicked Was there an autopsy?
E CAUSE OF STREET	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT PLACE Turnble and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt - Savag & MA Date March 6 , 1936	Nature of Injury
19. UNDERTAKER LA	24. Was disease or injury in any way related to occupation of deceased? 115 of the second of the sec
20 FILED From 3, 1936 H. P. Sostetter MD	(Signed) A - Fe / D O D TURE M. D. (Address) New All Mar.
4 6000	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH County allegon Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. Length of residence in city or town where death occurred. statement PHYSI If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Day) (Month) (Year) 5a. If married, widowed, or divorced HUSBANO of C.E.R.T.I.F.Y. That I attended deceased from (or) WIFE of aler T' Troise 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Months Days to have occurred on the date steted above, at_ 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. 8. Trede, profession, or particuler PATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.____ 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc._____ may back 10. Oate deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation_ instructions 12, BIRTHPLACE (city or town (State or country) FATHER Name of operation 14, BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?_ MOTHER 15. MAIOEN NAME important. 23. If death wes due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Date of Injury______ 19 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?. pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, plnoy OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE Nature of injury_ 24. Was disease or injury ly any way felated to occupation of deceased 19. UNOERTAKER If so, specify Registrar.

V. S. No. 1

BINDING

FOR

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
BUREAU V. S.			- ange age
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEAT	H

1. PLACE OF DEATH				2	502
County A	County Allegany			Registration Dist. No. 6	
Village or City	. West	ternpert	Md.	NoSt.,_	Ward
Longth of veride	Rob Tricity ar tawn where	death occurred	(16	death occurred in a hospital or institution, give its NAME instead of street as	nd number) mosds
	E Margare	C TITCH	Vance	X	
(a) Residence	: No	(Usual place	of abode)	St., Ward. If nonresident give city or town	and State
PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	1
Female	COLOR OR RACE	S. SINGLE, MAR OR DIVORCE MARTI	RIED, WIDOWED, D (ruprice the word)	21. DATE OF DEATH (Month) (Oav)	, 193
ia. If married, widawed HUSBAND of (or) WIFE af	ar divorcad	Vance		22. I HEREBY CERTIFY, That I attend	led decaasad fra
	M. Marian M.	b T7	TOOC	2 10 3	deeth is sa
7. AGE Yeers	onth, day, end yaer) Ma Manths	Days	ISS6 If LESS than I day,hrs.	to heve occurred an the date stated abave, at 2	, deeth is sa
8. Trade, profassian, or particular kind af wark dane, as SPINNER.			j armin.	Were as follows: Desarcho-freesmonia	Date of onse
9. Industry or bu		Mak	er		
10. Date daceasad		sper	ima (years) nt in this upatian		
12. BIRTHPLACE (city	Weate:	rapert.	Md.	Dther Contributory Causes of impartance:	
(State or cauntr				Cerebral Francishage	Dec 1
13. NAME J	mes Cendr	У		1	
	ity or town)Bloom	ington,	Md.	Name of aperation Data a	f
(State at Ca				What test canfirmed diegnasis? Was there	on autopsy?
15. MAIDEN NAME	ity or town) MIT (kuser	N	23. If daath was due to external causes (VIDLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT (Address)	Mu 1	Dors	El Just	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	
18. BURIAL, CREMATIO		t. Peter d. Date Mar	16 ,36	Manner af injury	
19. UNDERTAKER (Addrass)	seph A Ha	nnen		24. Was disaase ar injury in eny way related to occupation of dacaasad? If so, spacify	
20. FILED March	15,1036	Jann.	Registrar.	(Signad) francisco M. Jaener	M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

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Chronic interstitial nephritis AR 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

N. B.—WRITE PLAIMLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR	mation should be carefully supplied. AGE should be stated EXACTLY. PHY	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.
THIS	d be	y be	k of
NK-1	should	it ma	n bacl
ING I	AGE	that	tions o
NFADI	plied.	rms, sc	instruct
H U	dns /	in te	See
Y, WIT	carefully	I'H in pla	ortant.
AIM	ld be	DEA.	y imp
F PL	lnous	OF	ver
-WRITE	mation	CAUSE	TION is
. B	(7	
Z	1	-	1

1. PLACE OF DEATH	WITHIN CORP	OBATE LIMITE 108	0000
County Allegary	· · · · · · · · · · · · · · · · · · ·	Registration Dist. No.	4
Village or City Leasanter		No. Interview At Antal	
Length of residence in city or town where de	ath occurredmo:	ds. How long In U. S. If of foreign birth?yrs	mos
2. FULL NAME Oliffo	Id Vaner	ta	
(a) Residence: No. 1209 Z	(Usual place of abode)	St., 6-2 Ward. If nonresident give city or	town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
male 1. color or race	5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH March 13 (Month) (Day)	, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of		· · · · · · · · · · · · · · · · · · ·	
(or) WIFE of	and the same of the least	1 HEREBY CERTIFY, That I	10 -
6. DATE OF BIRTH (month, day, and year)	20 111 1917		, 19.2 (; death is s
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 4 3 2 m.	, 190. 6 -; death is s
18 11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importa	nce
8. Trade, profession, or particular	O O O O O O O O O O O O O O O O O O O	were as follows:	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	. C. Co. Worker	Basilian	3/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Land Land	- Pelismens 100 ac	8-1
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Ruchs (State or country)	word of Va.	Other Coatributory Causes of importance:	3/
	1	ceut hephile	18'0
	neva		
(State or country)	theknown.	Name of operation	here an autopsy?
15. MAIDEN NAME / Felen/	Villsoms	23. If death was due to external causes (VIOLENCE) fill in also the	following:
15. MAIDEN NAME / Less / 16. BIRTHPLACE (city or town)	n 1/	Accident, sulcide, or homicide? Date of Injury	y, 19 ,
(State or country)	1.000.	Where did injury occur?	10.
(Address)	Tank End.	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place FIF ASALY M.	Date Bras 15, 1936	Manner of injury	
19. UNDERTAKER Armis Stein (Address)	Inc.	24. Was disease or injury in any way related to occupation of decer	ased? hu-
Beech 1 \$ 103 6 Jan	G Moull 31	(Signed) of for amely	M.

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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A # # (M)	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA.	1. PLACE OF DEATH	2504
F 3 1	County Allegany WITHIN CORPO	RATE LIMITS Registration Dist. No. 4
item of should of OCC	Village or City Comberland	No. Allegarry Idophital St, 4 Ward
, 500 to	Length of residence In city or town where death occurredyrs	death occurred in a hopfital or institution, give it NAME instead of street and number) sds. How long in U.S. of foreign birth?yrs
CCAD. Every PHYSICIANS	2. FULL NAME Edma Laverne M.	abl
SIC tate	(a) Residence: No. 434 Laring are	31., 6 - 2 Ward.
C Cour	(Usus blace of abode)	If nonresident give city or town and State
rECC PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
L X	Finale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
BINDING PERMANEN EXACTL y classified.	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. Thet I attended deceased from
A WX D	6. DATE OF BIRTH (month, day, end year) Ann 14 193,	llast saw h elive on
	7. AGE Yeers Months Days If LESS then	to heve occurred on the date steted above, at 1222
FOR IS A F stated properli	6 / 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
- 70	9 Trade profession or posting	Date of onset
TED LHIS H be y be k of	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Mensemus
SERVI Should it may n back	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
INF INF E sh on	SAW MILL, BANK, etc	
7 4	year) occupation	Other Contributory Causes of Importance:
IN DIN	12. BIRTHPLACE (city or town) (Stete or country)	
MARGIN UNFADI supplied. n terms, so		- Clevelle .
	E TO 1	No. of a said a
0.7	14. BIRTHPLACE (city or town) - Prhysical Park (Stete or country)	Name of operation
WE efull in pl	15. MAIDEN NAME Idna L. akhel	23. If death was due to external ceuses (VIOLENCE) fill In also the following:
	16. BIRTHPLACE (city or town) Little Orleans	Accident, suicide, or homicide? Date of Injury, 19
be cal	(State or country)	Where did Injury occur? (Specily city or town, county and State)
Y DE Y	17. INFORMANT Maling E. Hahl (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
40 >	18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
	Place Mille Orleans Hay 3/ 7, 1936	Neture of injury
B WRIT	19. UNDERTAKER Amy Stern Inc. (Address)	24. Was disease or injury In eny way releted to occupation of deceased?
V.S. N.	20. FKE Basch 2, 1936 Jan Shankh MA	(Signed) Walks M. D
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU V. S. I					
Other contributory causes of importance:		Other contributory causes of importance:			
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	'				

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BURLAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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			,
		The second secon	

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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V. S. No. 1 N. B.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Murrie Alarke Plattenechant mul. 25th, 1936, journel 31 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs.	
Village or City Length of residence in hit of town where death-occurred Jayrs. Length of residence in hit of town where death-occurred Jayrs. 2. FULL NAME Additional Districty National Districty National No. S. Veteran, specify WAR (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (white the word) Sal II married, widowed, or divorced HUSBAND of Or No. 1. H. ER EBY CERT I FY. That I ettended decease of the contribution of the date stated above, at 215 Am. 8. Trade, profession or particular Kind of work does, as SPINNER, SAWYER, BOOKKEPER, etc. 2. Industry or business in which work west done, as SPINNER, SAWYER, BOOKKEPER, etc. 3. SEX 4. Total time (years) Sometin this day occupation. Cistate or country) Sex MILL, BAKK, etc. 11. Total time (years) Sometin this days. Other Constributory Canases of Importance: Was there an eutops	
Length of residence in kity of town where death occurred 12 yes	Ward
2. FULL NAME Valuam Dietrical Mattuchautu. S. Veteran, specify WAR (a) Residence: No. Successing a Surglas avest. Ward. (bisalplace of phode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (which the word) OR DIVORCED (which the word) OR DIVORCED (which the word) Sa. If married, widowed, or divorced (Month) (I) BIFF of Mural Harhe Valtemehaut 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, her. her. or min. 8. Frade, profession, or particular (work done, as SPINNER, Married) Sa. If married, widowed, or divorced (month) (month	r)
(a) Residence: No. Succession of Personal and State	
PERSONAL AND STATISTICAL PARTICULARS SEX	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (white the word) OR DIVORCED (white the word) OR DIVORCED (white the word) MUSBAND of (or) WIFE-or Murane Marke Patterechast 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: S. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. S. Industry or business in which work wes done, es SPINNER, SAWYER, BOOKKEFER, etc. S. Irade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. S. Irade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. S. Irade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. S. Irade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. S. Irade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. S. Irade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. S. Irade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. S. Irade, profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEFER, etc. S. Irade, profession or particular done done and related causes of importance were as follows: Other Contributory Causes of Importance: Other Contributory Causes of Importance: Other Contributory Causes of Importance: What test confirmed diagnosis? Was there an eutops What test confirmed diagnosis?	
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6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. J down done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which Work wes done, as SPINNER, SAWYER, BOOKKEEPER, etc. 11. Total time (years) Spent in this year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Common C	(ear)
E. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	ed from
7. AGE Years Months Days If LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SAW MILL, BANK, etc. 11. Total time (years) spent in this year) plantical following: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Manuel 15. MAIDEN NAME 15. MAIDEN NAME 16. LESS than 1 day, hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Were as follows: Other Contributory Causes of Importance: Name of operation What test confirmed diagnosis? Was there an eutops 23. If death was due to external causes (VIOLENCE) fill in also the following: Was there an eutops 23. If death was due to external causes (VIOLENCE) fill in also the following: 24. If death was due to external causes (VIOLENCE) fill in also the following: 25. MAIDEN NAME	h is sai
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, Coal Manual SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 1923) spent in this year) spent in this year) occupation (month and 1923) occupation 4 2 year occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Clements Were as follows 14. Days occupation (month and 1923) occupation 4 2 year occupation 5 year occupation 5 year occupation 6 year occupation 7 year occupation 9 ye	
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SAW MILL, BANK, etc. SAW MILL, BANK, etc. 11. Total time (years) spent in this year) Other Contributory Canses of Importance: 12. BIRTHPLACE (city or town) Sexually 13. NAME Company (State or country) 13. NAME Company (State or country) 14. BIRTHPLACE (city or town) Sexually (State or country) 15. MAIDEN NAME 16. MAIDEN NAME 17. MAIDEN NAME 18. Frade, profession, or particular kind of work done, as SPINNER, MILL, Coal Manuelle Contributory Canses of Importance: 18. Maiden Contributory Canses of Importance: 19. Maiden Contributory Canses of Importance: 19. Maiden Contributory Canses of Importance: 11. Total time (years) spent in this years) 12. BIRTHPLACE (city or town) Sexually Canada of Importance: 12. BIRTHPLACE (city or town) Sexually Canada of Importance: 13. NAME Contributory Canses of Importance: 14. BIRTHPLACE (city or town) Sexually Canada of Importance: 15. MAIDEN NAME 16. Maiden NAME 17. Maiden NAME 18. Maiden Salve to external causes (VIOLENCE) fill in also the following:	
3. Industry or business in which work wes done, as SILK MILL, Coal Mussl SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	of onset
work wes done, es SILK MILL, wal Musse SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) — Manual Manual Separation (month and year) — Manual Man	
this occupation (month stid 1922 spent in this 42 year) - March 1922 occupation 42 year 12. BIRTHPLACE (city or town) Sexually Certification (State or country) Sexually Certification 13. NAME Colemants Certification 14. BIRTHPLACE (city or town) Sexually 14. BIRTHPLACE (city or town) Sexually 15. MAIDEN NAME Oxadian partial 15. MAIDEN NAME Oxadian partial 16. Maiden NAME Oxadian partial 17. Maiden NAME Oxadian partial 18. Maiden NAME Oxadian partial 19. Maiden NAME Oxadian partial 19. Maiden NAME Oxadian partial 20. Maiden NAME Oxadian partial 21. Maiden NAME Oxadian partial 22. Maiden NAME Oxadian partial 23. If death was the to external causes (VIOLENCE) fill in also the following:	
Other Contributory Canses of Importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. MAIDEN NAME 17. MAIDEN NAME 18. MAIDEN NAME 19. Main of operation What test confirmed diagnosis? Was there an eutops 23. If death was the to external causes (VIOLENCE) fill in also the following:	
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. MAIDEN NAME 17. MAIDEN NAME 18. MAIDEN NAME 19. Maiden name of operation What test confirmed diagnosis? Was there an eutops 23. If death was due to external causes (VIOLENCE) fill in also the following:	
13. NAME Clements Watterschaute 14. BIRTHPLACE (city or town) (State or country) Date of What test confirmed diagnosis? Was there an eutops 3. If death was due to external causes (VIOLENCE) fill in also the following:	
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. MAIDEN NAME 17. MAIDEN NAME 18. BIRTHPLACE (city or town) What test confirmed diagnosis? Was there an eutops 23. If death was due to external causes (VIOLENCE) fill in also the following:	25/3
(State or country) Servary What test confirmed diagnosis? Was there an eutops 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following:	/
what test confirmed diagnosis: was there an europs what test confirmed diagnosis: was there an europs what test confirmed diagnosis: was there an europs 23. If death was the to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Quiling: 23. If death was due to external causes (VIOL ENCE) fill in also the following:	?
[16. BIRTHPLACE (city or town) Date of injury,	9
(State or country) Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT ALLOW SURGAN JOSOPH Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAY	
Place Just fail Courtouy Date (fail 3, 1936 Nature of injury	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Tr. / 136 E. One Sand (Signed) M. A. Sand (Address) (Address) Market	M. [

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Tti I	of importance were as follows:	Date of onset
		Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	71 (19)00
County allegon	Registration Dist. No.
Village or City Anothing, ma	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	17 ds. How long in U.S. if of foreign birth?wrsmosds.
2. FULL NAME Charles Westfall	- romo
(a) Residence: No. Frasloning R. J. A #]	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word) Wale Whele Moerrical	21. DATE OF DEATH MARCH (March) (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. S. May Westfall	22. I HEREBY CERTIFY, That I attended deceased from March 8-J AM. 1936 to Trusch 8- 19 36
6. DATE OF BIRTH (month, day, and year) Mach 11- 1888	I last saw h Ane alive on Dru 8-76 1919 PM; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at
47 9 2/ 1day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1 Trede, profession, or particular kind of work done, as SPINNER, Black Sweeth SAWYER, BODKKEEPER, etc.	Hystore Stull following Date of Onest
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	Juli down slaving ! " " 63
Date deceased last worked et this occupation (month and meh. 6-36 spent in this occupation 2 8.	
12. BIRTHPLACE (city or town) Move and access (State or country) W. V.	Other Coutributory Causes of Importance:
13. NAME Centher Westfold	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
x y was hard	What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Accident Date of injury Mar. 8, 1976
17. INFORMANT Drs. may west all	Specify whether injury occurred in INDUSTRY, in HAME or in PUBLIC PLACE T
(Address) Long cooping and Ritte, no 1.	Wt Arme. I wondering N.T. V. 4
Place 9. 0 . F. Cureting Date Mar 12, 19.36.	Manner of injury Itell down Huning Neture of injury Struck lead at foot stairs
19. UNDERTAKER DE Price (Address) Mayersdake Da,	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/8 19 26 a. R. Walke	(Signed) Walfield Wyn-Dimes M.D.
Registrar.	(Address)f-withing+md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.--The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	of importance were as follows:	Date of onset
1915	Attack of epilepsy S'A NYBANB	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis Cont G GGV	3 days ago
	GECELVED	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy S A NAMA 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

N. B.

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	Outside of 250%
County Allegany	Registration Dist. No.
Village or City Francisco Les La La B710	No. 17710 3 lity Limits st. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarget W. Whi	pole If U. S. Veteran, specify WAR
(a) Residence: No. Oldlown 199	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	March 25, 1936
5a, If married, widowed, or divorced	(Month) (Oay) (Year)
(or) WIFE of St. D. 1 = B. Whoo land	22. HEREBY CERTIFY, That I attended deceased from
7202 00 10 10 10 10	1930, to treple 25, 1936
6. DATE OF BIRTH (month, day, and year) may 18-1853	I last saw h. R. alive on . L
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 % / o ormin.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	
2. Industry or business in which	Perelace houseshow 12h
work was done, as SILK MILL, SAW MILL, BANK, etc	162
10. Oate deceased last worked at this occupation (month and spent in this	7.7.2.
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or equatry)	Wisper terror
13. NAME Client Marcs 4. BIRTHPLACE (city or town)	1, 0
14. BIRTHPLACE (city or town)	Name of operation Date of
Astate of country)	What test confirmed diagnosis?
15. MAIOEN NAME 12 DECLE 15. MAIOEN NAME 15. MAI	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Clean Wheeler	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CROMATION, OB, REMOVAL	Manage of tables
Place Pairs Cours. Ble. Co. Oate Mar 2 7, 19 36	Manner of injury
07 7	
19. UNOERTAKER CALLY STAND	24. Was disease or injury in any way related to occupation of deceased?
B-1 0 00 1/2/	(Signed) (Signed) (Signed)
20. Titolache il (1926) fas S. Marken M.V. Registrar.	(Address) Quintuland Wol
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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Exam	ple I	~	Example II	
The principal cause of death a of importance were as follows:	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	APR 7 100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of i	mportance:		Other contributory causes of importance:	
Gallstones	Separation of the	May 1,1923	Gastroenteritis	1 year
E LESS ESTRES AND	BUILD BUILDING			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Hornick W. Johns

Registrar.

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?_____yrs.__ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) Thet I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset counted What test confirmed diagnosis?_____ Was there an autopsy?_ 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	the same
The principal cause of death and related causes of importance were as follows: Arteriosclerosis APR 7 1000	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	
Ganotones	May1,1925	distroenterus	1 year

uleo	ADDITIONAL SP		BY PHYSICIAN	5-8-36
		U		

V. S. No. 1

ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PERMANE	stated EXACT	properly classifie	certificate.
FADING INK-THIS	lied. AGE should be	ms, so that it may be	structions on back of
TE PLAINLY, WITH UN	n should be carefully supp	SE OF DEATH in plain ter	is very important. See instructions on back of certificate.

1. PLACE OF DEATH	I LAND	REPORATE LIMITS	Z51()
County allegann.	WITHIN CO		ration Dist. No.
Village or City Communication	۷	No. R. 3 VO Poscal death occurred in a hospital or institution, give its	A St. / Ward
Length of residence in city or town where death occurred		ds. How long in U.S. if of foraign bir	
2. FULL NAME Kate a Mrs	dener	If U. S. Veteran, specify W	AR
(a) Residence: No. R370 Pace (Usual place	of abode)	St., Ward.	esident give city or town and State
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERTIFIC	ATE OF DEATH
Homale Mite OR DIYORCE	RIED, WIDOWED, D (wrighthe word)	21. DATE OF DEATH	1 5 193 6 (Year)
5a. If married, widowed, or divorced HUSBANO of		22. I MEREBY CER	T 1 F Y. That I attended deceased from
(or) WIFE of		march 2 1936	TIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	18.50	I last saw h 27 alive on W	wareh 4, 1936; death is said
7. AGE Yaars Months Days	If LESS than	to have occurred on the data statad above, at_	9 P. m.
86 1 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and relate were as follows:	od causas of Importanca
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Chrone Meft	rocks Quality of the state of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and			
- ting occupation (month and 5ha	ima (years) nt in this upation		
1. 2.1	_0	Othar Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	•	Broken / Xnew	emoria Wark
E 13. NAME John B. Widen		1	
13. NAME John S. Manual 14. BIRTHPLACE (city or town) Constant (State or country)	nd Jed	Neme of operation	Date of
15. MAIDEN NAME Tracky War	io	23. If daath was due to external causes (VIOLE)	
15. MAIOEN NAME Jacky Was 16. BIRTHPLACE (city or town)	4	Accident, suicide, or homicide?	Date of injury
(State or country)		Whera dld injury occur?	city or town, county and State)
17. INFORMANT Mrs Mra dryder (Address) 3m Para St		Spacify whether injury occurred in INDUSTRY	, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1 = =1	Manner of injury	
Piaca Lose Hull Com Oate May	1936	Nature of injury	
19. UNDERTAKER Kossis Stern Ina	·	24. Was disaase or injury in any way related to	o occupation of deceased?
(Addrass) Conglination	106	If so, specify	Hodask
20. Fiteblasch le., 1936 out the	Registrar.	(Signed) Cur	whereard, the?"

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis APR 7 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

4 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	11
1000	1. PLACE OF DEATH	* (W.E) X	11
H	County Classification of the County County	Registration Dist. No. 0	
	Village or City/Ear & on aufming 140	St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Langth of rasidanca in city or town whera daath occurred - O yes		
	2. FULL NAME Clive Milly		
	(a) Residence: No. Fram Ilean of maconum		
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	State
	3.SEX 4. COLOR OR RAGE 5, SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	Fremale Mute OR DEVORCED (write the word)	(Month) (Day)	193 (Year)
5	a. If married, widawed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended of	eceased from
	(1 0 1 d 107)	1st, 15, 196, to March 6	., 1936
_	DATE OF BIRTH (month, day, and year) AGE Yaars Months Days If LESS than	I last saw he alive on March 6, 1936 to have occurred on the data stated above, at 8 17 Pm.	; daath is said
•	5-8 3 nel 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
7	8. Trade, profassion, or particular	ware as follows:	Date of onset
NO.	kind of work dona, as SPINNER, Houseworks	(aucer of hiver	6 suo,
4	2 9. Industry or business in which		
	10. Data deceased last worked at 11. Total time (yaars)		
_	this occupation (month and year) — function 1935 spent in this year)		
12	BIRTHPLACE (city or town) Midland - fam	Other Contributory Causes of importance: a cule Hespertrophie Cerrlosis	3/2/3
~	(State or country), Fray land,	//	
HE	13. NAME Ma flules Statisell		
V	(Stata or country)	Name of operation	
ER	15. MAIDEN NAME Franky Barraran	What tast confirmed diagnosis? Was there an at	
HOM	16. BIRTHPLACE (city or town) nature of westland	23. If death was due to axternal causes (VIOLENCE) fill in also tha following: Accidant, suicida, or homicida?	
Σ	16. BIRTHPLACE (city or town) - Mary Land (Stata or country) Mary Land	Whara did injury occur?	, 17
17.	INFORMANT Dr. David Obier	(Specify city or town, county and State Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
	(Address) Romanny, Pas.		
18	B. BURIAL, CREMATION, OR REMOVAL Place Cak Hell Cumetery Day Inac 9 1936	Manner of injury	
	Pracase Print Section 1908	Nature of injury	
1	19. UNDERTAKER The Confidence (Address)	24. Was disaase or injury in any way ralated to occupation of dacaasad?	ro
	20. FILED March 7, 136 Dr. E. Oras John Registrar.	(Signed) Dr. E. Ore for	M.D
	(Acgistat.	(1100)	#

MARGIN RESERVED FOR BINDING

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To be complete, an occupation return must state:

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Example I		Example II		
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Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 0 1990	July 5,1927	Peritonitis	3 days ago	
BURCAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0) × 6012
County Allegary WITHIN COAPO	Registration Dist. No.
Village or City Amachining	NoSt.,Ward
Length of residence in city or them where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Cognes / Joyd	Mulliams
(a) Residence: No. / maconing	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Jewale White S. SINGLE, MARRIED, WIDOWED, OR-DLYORED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or diverged in this pan of (or) WIFE of.	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF DIRTH (mark) down to 100 4 101 0	I last saw h Le alive on Tarlo 1 4 19 3 6 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows: Oute of onset Oute of onset Rep. 17.3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S. Industry or business in which	What I was
work was dona as SILK MILL	
O 1D. Oate deceased last worked at 11, Total time (years)	
this occupation (month and year) spent in this 50 year	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) Scolland	
# 13. NAME Somet Boyd	
13. NAME JOSEPH 13. ON A 14. BIRTHPLACE (city or 10 wh)	Name of operation Oate of
(State or country) Colland	What test confirmed diagnosis? Was there an autopsy?_Wd
15. MAIDEN NAME Spary 18 enne	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Day genrue 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Oato of injury, 19
State or country) Scholand	Where did injury occur?
17. INFORMANT Mush Chas Buch gotty (Address) Born a coming and	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cake Hill Cernetary Date Mar. 17, 1936	Nature of injury
TO HADERTAKED AND CONTRACTOR OF THE CONTRACTOR O	24. Was disease or injury in any way related to occupation of deceased? ht
19. UNDERTAKER TO SCHOOL THE MAN (Addiess)	If so, specify
100 5 How 1 7 Am 1 7 Am	(Signed) Lung M. Lydysor , M. D.
20. FILEO POPO N. 19 POPO CONTROL Registrar.	(Address) Anaroning, mi

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal cause of de of importance were as fol Arteriosclerosis	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ogo
Cerebral hemorrhage	11:K	July 5,1927	Perilonitis	3 days ago
	DURCAU Y.			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAN

B

ż

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	27013
County alleany with cont	Registration Dist. No.
Village or City An adoning	No. St Ward
Village of only (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmag.	ds. How long in U.S. if of foreign birth?
2. FULL NAME Angaset	Park Hilson
(a) Residence: No. A serracioning.	St. Ward.
(Usual place/of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (partie the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowell, or diverced-	
(or) WIFE of John W. Shilson	22. I HEREBY CERTIFY, That I attended deceased from
J	flast saw here alive on back 17th 1936; death is said
6. DATE OF BIRTH (month, day, and year) 11 204 3 , 862 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
72 9 107 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 8. Trade, profession, or particular	were as follows: Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Henry or Lagar But 15.
9. Industry or business in which	with 15.
work was dona, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and 1936 spent in this	
year) year) occupation polyna	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Canal State or country)	Other Coarroacery Causes of Importance:
13. NAME James Parks	
Ξ / / / / / / / / / / / / / / / / / / /	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Masine Country	23 If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
- (State or equinity)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT // Ve James Wilson (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place I'm All Milly Date / Mur Do. 156	Nature of injury
19. UNDERTAKER & Nicoich show	24. Was disease or injury in any way related to occupation of deceased?
(Address) & maconing that	If so, specify
20. FILED 3/20 Blo Dr. E. Don Tolon	(Signed) Heura In Hodger M. D.
Registrar.	(Address) Lofrescoring and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 9.

V. S. No. 1

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The principal cause of death and related causes Dett of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	100 G 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. 8	July 5,1927	Perilonitis	3 days ago	
Other contributory caus	ses of importance:		Other contributory causes of importance:	ere to la	
Gallstones		May 1,1923	Gastroenteritis	1 year	
Gallstones		May 1,1923	Gastroenteritis	1 yea	

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STATE OF MARYLAND-CERTIFICATE OF DEATH

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WINCAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

(Year)

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Piin All V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year